THE LANCET.

VOL. I.] LONDON, SATURDAY, OCTOBER 17, 1835. [1835-36.

IN the present Number of THE LANCET will be found a guide to THE MEDICAL SCHOOL AND HOSPITALS OF INSTRUCTION IN PARIS, for the Session commencing in November 1835, and ending in August 1836.

THE RESPIRATORY APPARATUS IN OLD PERSONS.

THE *Archives Generales* for August contains an article entitled "Clinical Researches into the Diseases of Old People, conducted at the Hospital of Salpetricre, Paris; by M.M. HOWMANN and M. DECAMBRE, internes."

THE diseases peculiar to persons advanced in life have hitherto been sketched in a very slight manner by a few authors, rather than examined with that degree of care which they really demand. It would seem as if physicians thought the lamp of life at this period was too feeble to require any fostering attention, and that all that was necessary to be done was to allow it to burn out quietly without any attempt being made to prolong an existence, which, in the order of things, must very soon arrive at its termination. We do not want for treatises on the diseases of the infant state, or childhood: the maladies of adults have given rise to works without number, but we possess little clear knowledge, either on the modifications impressed by age on the texture of our organs, or on the functions connected with them.

The object of the authors of the memoir now before us is to supply this deficiency, and they commence with diseases of the respiratory organs, which, though frequently existing in old persons, assume certain forms that in many cases deceive even the most rigorous examinations. The observations upon which their remarks are founded were made on the females of the Hospital Salpetriere, whose ages vary from 60 up to 90, or beyond 90 years.

Let us first notice a few anatomical circumstances peculiar to the respiratory apparatus of old women.

Thorax.—The thorax in aged females presents two states, very different from one another, which deserve to be examined.

The first is a case of exception, and found in aged females who conserve a considerable share of the freshness of youth; the mammæ are voluminous and still consistent; the whole thorax is covered with a layer of fat; the muscles are well-coloured, and the costal cartilages retain their suppleness. However, the ensemble of the thorax has undergone a peculiar change belonging to old age; the superior part is flattened laterally in such a way that the antero-posterior diameter is considerably increased at the expense of the transverse one. This change is commonly accompanied by a gradual enlargement of the thorax towards the inferior part, which then represents a pyramid with a large base, whose apex has been somewhat shortened.

The second type is much more frequent. Here the cavity of the thorax is remarkably modified, and the lateral flattening above noticed may be carried to an extreme degree; in some cases it produces an angular form of the thorax, exactly like that seen in rachitic persons. This disposition of the chest is important to study, for it brings with it several changes in the relation and conformation of the subjacent viscera, which have not as yet been noticed by writers. Thus the liver is considerably pushed down from its natural position, and frequently bears the marks of pressure exercised on it by a narrowing of the inferior portion of the thorax, in females who have worn stays. In these cases also, the right lung is elongated, and follows the displacement of the liver into the abdominal cavity. The sternum is, as we mentioned, always carried forwards, but

the xyphoid cartilage is pushed backwards, and even sometimes completely concealed behind the cartilages of the last true ribs. The longitudinal diameter of the thorax also undergoes a remarkable change in old persons. This circumstance has been noticed by all writers. Sometimes the intervertebral cartilages disappear completely. Fischer* relates one case of a man aged 100, in whom nine vertebræ were reduced to one solid piece, and Boerhaave † met a similar alteration affecting the whole spine.

The vertebral column however is not only shortened, but becomes flexed forwards, and that often in a permanent manner. In consequence of the weakness of the dorsal muscles, the pressure is most felt anteriorly, and here the bodies of the vertebræ are most intimately united. This inflexion usually occupies the last cervical and first dorsal vertebræ, and is often carried to an extreme degree; in some of the old women at Salpetriere it is so marked, that the posterior surface of the scapula becomes superior, and the cervical region makes nearly a right angle with the dorsal. The changes just pointed out in the external form of the thorax, must necessarily occasion corresponding alterations in the viscera contained within its cavity, or connected with it. The diaphragm is thrown into folds, which in some cases leave their mark on the liver, and this viscus is pushed down into the cavity of the abdomen several inches below its natural level; the tissue of the ribs themselves is much rarefied, but (contrary to the assertion of authors) in a very few cases only do we find an osseous incrustation of the cartilage of the ribs. The costo-vertebral cartilages generally conserve their mobility to the most advanced period of life.

Lungs.—Before we pass to the pathological examination of an organ, we should possess corect notions of its structure at the period to which our examination is limited, for the former cannot fail to receive special characters from the latter. Hence it is of great importance to study the structure and peculiarities of the pulmonary tissue in old persons. With respect to their external configuration and appearance, the lungs of old persons may be ranged under three classes.

In the first, the lungs preserve nearly their normal aspect, and differ very little from those of the adult; however, in all cases where the chest presented a lateral flattening to any considerable degree, the authors found a peculiar disposition of the interlobular fissure. This becomes vertical, in such a way that the two lobes of the left lung are opposed to each other, one directly forwards, the other backwards; while in the right lung, the middle lobe, directed downwards, is surmounted by the inferior lobe, which in some cases even constitutes the posterior quarter, or those of the summit of the organ. Hence a pneumony of the summit may occupy the inferior lobe, as we shall presently have occasion to see.

In the second class, the peculiarity consists in the smallness of the lungs. The organ is light, and little susceptible of being inflated by the greatest force. They are constantly bathed in the cavity of the chest by a limpid serosity; when compressed, their crepitation is more diffuse than in the lung of the adult.

In the third class the lungs present a mass unequally thrown up into eminences, and are bathed in a much greater quantity of fluid; they are flaccid, livid, and have altogether lost their conical form. The division of the lobes is not less remarkable; the latter are merely united by a flat, thin pedicle, which leaves them as it were floating in the thorax; they are extremely light, and give a most peculiar sensation to the touch; the heart is smaller, and often in a state of complete anemia; the thorax is excessively emaciated.

Intimate Structure.—M. Magendie, who has made some interesting researches on the structure of the lungs in old people, lays it down as a fundamental rule, that the air-cells are increased in magnitude, giving rise to a considerable diminution of their specific gravity. However, the exaggeration of the cellular structure is only perfectly seen in those persons who present the traces of old age in a very high degree. The lungs of aged persons were examined by our authors nearly in the same manner as by M. Magendie, but they had not recourse to insufflation. They arrange the lungs, considered as to structure, under the three classes above enumerated, viz.

1st. Case. "Lungs voluminous, filling a thorax well developed, and whose soft parts are still free from emaciation, or even fat." A thin cut of this lung dried gives a number of holes perfectly round, crowded together like the meshes of lace, and presenting a diameter of about a quarter of a line. (Fig. 3.) The cells are here perfectly regular, and everywhere independent.

2nd Class. "Lungs of regular form, but small, bathed in serosity; thorax contracted; soft parts emaciated." A thin cut of this lung dried, shows a texture somewhat similar, but differing in many respects. The cells are no longer round but *elliptical*, and the vascular apparatus is less numerous; the cells, however, are still limited by a regular circumference, and are independent. (Fig. 4.)

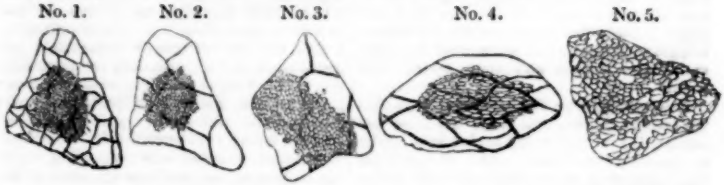
3rd Class. "Irregular form of lung, which is withered-looking, and applied to the vertebral column; the thorax is contracted, and reduced to an extreme degree of emaciation." Here the pulmonary vesicles do not present any distinct form; the parenchyma is converted into a sort of spongy mass; the microscope distinguishes a few vascular bran-

* Tractatus de Senio ejusque Gradibus et Morbis.
† Prælect. tom. iii. p. 725.

ches, and there is no trace of the lobular subdivision. This latter condition of the lung, which is always found in persons presenting the characters of old age in a well-marked form, is a species of natural emphysema which is well worthy of attention, but it is necessary not to confound it with morbid lesions, properly so called.

If we compare the relative sizes of the pulmonary cellules in the infant, the adult, and the aged person, we shall find a remarkable progression as we approach senility. This has been proved by the author, in frequent experiments. Thus the dried cells of the infant lung are only a twelfth of a line in diameter (fig. 1); those of the adult about one-eighth or one-sixth (fig. 2); finally, the diameter of the air-cell in the aged (fig. 3), presents a diameter of one-fourth of a line. Hence the law first pointed out by M. Magendie, that the pulmonary tissue becomes rarefied directly in proportion to age.

Such is a brief anatomical history of the structure of the thorax and lungs in aged persons; in a second memoir the authors propose to take up the physiological part, and treat "on respiration in old patients." We shall not fail to follow their observations, which promise to bring to light several new and interesting facts.



Explanation of the Engravings.—The air-cells may be supposed to occupy the entire surface of each layer.

No. 1. Layer of the lung of a child four years of age.

No. 2. Layer of the lung of an adult female.

No. 3. Layer of the lung of an old female (first type). Commencement of rarefaction in the lungs; cells round, but quite independent.

No. 4. Layer of the lung of an old female (second type). Second degree of rarefaction; cells elliptical, but still independent.

No. 5. Layer of the lung (third type). Extreme degree of rarefaction. Irregularity and fusion of the cells.

REFLECTIONS ON

INFANTILE REMITTENT FEVER.

By JOHN ALEXANDER, *M.D., Manchester.*

(Continued from page 411.)

CASE 2. May 21st, 1832.—Thomas Wood, ætat. 4, from Queen-street, admitted a *home*-patient of the General Dispensary for Children, presents the following symptoms:—Extreme emaciation with a rough dry skin; tickling cough, with little or no expectoration; tumid abdomen, with bowels irregular, though generally constipated; total loss of appetite; much thirst; great irritability; constantly picking at his lips, nostrils, or other parts of his face; cervical glands enlarged; tongue reddish and dry; pulse 120. The boy's spinal column presents a double curvature in the scapular and dorsal regions; his mother states him to have been ill for two months past; to have taken worm medicines occasionally, and to be flushed, and extremely restless in an evening, with little sleep and occasional delirium during the night.

I have directed a domestic enema immediately; four grains of Dover's powder, with three of calomel at bed-time; and the tincture of iodine in camphor mixture during the day.

23. The enema was followed by one dejection, tolerably copious, of clayish-coloured scybala; but the bowels have not since been moved. The boy has had two very restless nights and an increase of delirium; his ancles are to-day observed to be swollen; pulse 140, and very weak. He refuses his mixture and all food, is unwilling to answer any question, and is obviously sinking. Recommended an occasional repetition of the enema, and the application of a blister to the nape of the neck.

25. Child died last night; permission to inspect obtained.

Sectio Cadaveris.—Body most strikingly emaciated, with the exception of the tumid abdomen. Skin of a dry, shrivelled, yellowish appearance.

Chest.—About an ounce of serous fluid between the pleura, with slight adhesions, apparently recent, on the left side. The lungs here and there studded with groups of tubercles, some in a softened, but most

of them in a hard state. At the root of one of the left pulmonary lobes, a small vomica containing scarcely half an ounce of purulent fluid.

Abdomen.—Great distention; liver considerably enlarged, of a darkish hue, and unusually lacerable. The mesenteric glands are more than double their usual size; some of them contain a cheesy sort of fluid, whilst others appear to be filled with pus. There is no evidence apparently of *recent* inflammation in them; intestines much filled with air, not offensive on evolution; and containing, in the colon particularly, a considerable quantity of the same scybalous whitish feces ejected during life. In the ileum, on its mucous lining, are observed several small ulcerative patches about the size of a sixpence. The other abdominal viscera appear tolerably healthy; the peritoneal envelope considered thicker and more opake than usual.

Remarks.—From the appearances noted within the thorax, this boy had evidently laboured, previous to my seeing him, under a more or less severe attack of pleuritis, conjoined with some tubercular inflammation. It is, however, anything but infrequent to find in those who have died from infantile remittent fever, clusters of tubercles under various conditions in the pulmonary parenchyma; and hence has arisen a very natural opinion amongst pathologists, that a strumous diathesis is the most frequent *remote* cause of infantile remittent fever, as it assuredly is of tubercular phthisis.

It will also be remarked, that the *liver* was found enlarged, of a darker colour than usual, and exceedingly lacerable. Reflecting on the general symptoms of the disease under consideration, it would by "a priori" reasoning be natural to expect, that more or less affection of that important viscus would present itself on autopsy. And, this is the case; for in the majority of fatal cases of this malady, when an inspection was not declined, alterations in size, colour, or structure, have almost invariably been observed by the present writer; and, on that observation, he has naturally been led to found his high opinion of the remedial influence of mercury in the complaint.

It is scarcely two months ago since I inspected (with the assistance of Mr. Walker, a scientific surgeon of this town) a boy about nine years of age, who had gradually sunk under infantile remittent fever in its most chronic form. After observing the ordinary appearances consequent upon the complaint, we were somewhat surprised to find the whole distal portion of the right lobe of the liver converted into a sac containing several ounces of purulent matter, and the parenchyme of that viscus quite lacerable: two evidences of advanced hepatic disease, which, considering the simple habits of a child, and reputed insensibility (comparatively speaking) of the liver, are perhaps best accounted for by reference to the specific strumous virus above alluded to.

Case 3.—June 13th, 1835. Master A—, ætat. nine, residing at Astley, near Leigh, brought to Manchester this day by Mr. Newton, an intelligent practitioner of the former place, who states as follows:—The boy has been delicate from infancy, but more particularly of late has been losing flesh in a marked manner. He has been, on one or two occasions, treated for worms, but has never been known to part with any, or to benefit by verminative remedies. His nights are very indifferent; he has great thirst, little appetite, no action of the bowels without medicine. On examination I find the boy extremely emaciated; his countenance pallid, with dark areolæ around the eyes; tongue whitish, with red elongated papillæ, numerously prominent; abdomen hard and tumid; pulse 118. Mr. Newton adds "that there is a febrile exacerbation each evening with succeeding morning chilliness, and has been for some weeks, and that the boy is indisposed to any, even the slightest exertion."

We have directed him to have a warm-bath on reaching home; ferrum tartarizatum with soda at bed-time, and castor oil each morning; his diet a milk one.

19. Mr. Newton writes, "I regret to inform you our little patient is much worse, the symptoms being considerably aggravated. On visiting him this evening I observed as follows:—Pulse quick and weak; tongue rather red at the tip and edges, and coated at the centre and back part with a white fur; bowels still irregular, and feces scybalous; urine high-coloured, but in fair quantity; thirst still great, and no appetite; skin moist; he refuses his medicine; is much reduced." The child's father adds, "that, in consequence of a pain suddenly arising in the boy's bowels yesterday, four leeches had been applied, and a domestic enema used."

20. Visited Master A. this day, in consultation with Mr. Newton of Astley, and Mr. Pendlebury of Leigh. The abdominal pain has been mitigated by the leeches, but is still complained of, aggravated on pressure; the boy's general appearance very unfavourable, from sallowness of complexion and great emaciation; pulse 112, weak; urine scanty and high-coloured; appetite none; thirst very great; tongue coated but moist; the bowels very much relieved by copious dejections of clay-coloured scybalæ after the enema of yesterday and the day previous:—

Applic. Emplast. Vesicator. Abdomini.
Repet. Enema domesticum dedic. Et
Habt. gr. x. *Hyd. c. Creta* q. q. nocte h. s.

26. "The abdominal uneasiness," writes Mr. Newton, "was much relieved by the blister, and little or no pain is now complained of on pressure. The bowels continue very inactive, and the character of the evacuations unchanged. The tongue however is cleaner and moist. I attempted the addition of a little ipecacuanha to the evening powder, as we had agreed upon, but its nauseous taste prevented the boy's taking it. His pulse is somewhat reduced in frequency." Desired to continue the treatment.

July 10. The child improving. Bowels still torpid, but the motions *tinged* with bile. A little appetite, less thirst, and able to sit up in bed. Recommended an addition of a single grain of calomel to the evening powder, the latter and enemata being persevered in.

24. Much improved; abdomen lessened and soft; strength returning and fever gone; stools still figured, but of tolerable colour. Directed to have small doses of the sulphate of magnesia rendered palatable by nitric acid.

Aug. 15. Our patient progressing favourably.

25. Convalescent.

Remarks.—In the above case several modifications of diet were tried, such as stewed prunes, oatmeal with treacle, ripe fruit, buttermilk, &c., with a view to induce liquid evacuations; but the bowels, although so supplied and daily stimulated by enemata, continued torpid, and the feces figured, up to the period of convalescence; a circumstance somewhat unusual, considering the dejections had in a great measure recovered their bilious hue for some time previously. Again; this boy took, as may possibly be remarked, an extremely large quantity of mercurial medicine, upwards of three hundred grains of the hydrargyrum cum creta, independent of the calomel, and yet no perceptible affection of the salivary glands was induced by it! It has indeed, in several examples of infantile remittent fever, and in a few cases of acute rheumatic fever, been matter of surprise to the writer, how little the mouth has seemed to be affected by this useful mineral; whilst, in some other diseases, the reverse condition cannot have escaped remark: for example, during the decline of measles, wherein I have known the exhibition of a couple of moderate doses of calomel, followed by consequences alike prejudical to the health of the patient, and the reputation of the practitioner.

(To be continued.)

CASE OF

PULMONARY APOPLEXY.

To the Editor of THE LANCET.

SIR,—The following case of pulmonary apoplexy happened in my practice at the City Dispensary; it presents some symptoms of very rare occurrence, which you may probably deem worthy of record in your useful Journal. I am, Sir,

Your obedient servant,

R. ROWLAND, M.D.

69, Fenchurch-street,
Oct. 12, 1835.

CASE.—Sept. 21, 1835. Thomas Holloway, aged 50, a porter, had been subject to cough and dyspnœa for several years, but he was able to work at his business until about two years ago, when the "shortness of breath" obliged him to discontinue all active employment. In general the cough and expectoration were trifling, but they were frequently increased from slight causes.

About a week ago, after exposure to wet and cold, he was attacked with an aggravation of all his symptoms; the cough became severe, the dyspnœa urgent, and the expectoration copious, but without any admixture of blood. The respiration was inaudible over the right lung, and was bronchial, with sibilant and mucous rale over the left; the heart's action could be readily distinguished over the whole anterior portion of the chest. On Thursday, the 17th of September, I received a hasty summons to visit him. During the previous night he had vomited an enormous quantity of blood, some of which was coagulated. I found him lying on his back; the pulse was quick, jerking, and wiry; the respiration exceedingly laborious; the countenance anxious, and of a leaden colour. He answered questions coherently, and chiefly complained of difficulty of breathing. On the following day he rallied a little; the sputa were still bloody, and mixed with mucus, but the blood had not appeared in large quantities. He remained nearly in the same state on Saturday and Sunday. On the latter day the patient called my attention to a pulsating movement of the veins in the back of the right hand, which I also observed, although less distinctly, in those of the left. This symptom was more remarkable after each expiration, when the veins became elevated, but a very evident quivering pulsation occurred also during inspiration. Neither of these movements was synchronous with the arterial

pulse. When the vein was pressed, the pulsation ceased below the part where it was employed, but continued in the portion of the vein nearest to the heart; the jugular veins were prominent, but no pulsation could be observed in them. Early on Monday morning the bleeding returned, and the patient almost instantly expired.

Sectio Cadaveris.—Monday evening. The right lung adhered firmly to the ribs, and could not be separated without laceration. It was thickly studded with tubercles. An excavation of about the size of a hazel-nut was discovered beneath the clavicle. The left lung was also bound to the ribs, but less firmly than the right. It was emphysematous, and was completely gorged with blood in a fluid state. No tubercles could be detected in it.

The heart was pale and flabby; the right auricle and ventricle were greatly dilated; the parietes of the latter were about their natural thickness. All the valves were healthy.

Remarks.—I was at first inclined to attribute the venous pulsation in this case to the diminution of the column of blood occurring simultaneously with disease of the right side of the heart, of the existence of which there was sufficient evidence; but upon further reflection, I think it more probable that it was occasioned by the sudden effusion into the left lung, causing an obstruction to the free transmission of the blood, the right lung having been greatly condensed from previous disease. I offer this opinion with much diffidence, as it is contrary to the theory of Laennec and other celebrated pathologists, who attribute venous pulsation to regurgitation of the blood.

I have been led to the above explanation of this remarkable symptom, from a consideration of the character of the pulsation, which was a gradual elevation of the vein following each expiration, but was not synchronous with the arterial pulse; and the absence of the stethoscopic signs, which indicate either regurgitation or valvular derangement, and also the remarkable condensation of both lungs, which the post-mortem examination disclosed. The fluttering irregular pulsations which occurred during inspiration were probably the result of the auricular contraction, and perfectly coincide with the observations of Dr. Hope on that subject.

SUPERSULPHATE AND SUPER-ACETATE OF IRON.

To the Editor of THE LANCET.

SIR,—I have sent you an account of the effects which have almost uniformly resulted in the undermentioned diseases, from the internal exhibition of the solutions of the supersulphate and superacetate of iron. I am, Sir, your obedient servant,

J. PELHAM BUCKLAND.

84, Watling-street, St. Paul's,
Oct. 13, 1835.

The colour of the solution of the supersulphate of iron is dark-brown; the taste is exceedingly rough; it dissolves sulphate of quinine, and is decomposed by the same preparations as the sulphate.

CASE 1.—I was consulted in April 1832, by a gentleman who had been subject for a considerable time to periodical returns of neuralgia faciei. He had been affected with the disease in a greater or less degree uninterruptedly for three months previously to his consulting me, and during the whole of that time had taken the subcarbonate of iron in large doses. The paroxysms had now become very severe, and at each intermission the part was left so excessively tender, that he was unable to bear the slightest touch.

I commenced my treatment by giving him ℥x of this solution three times a day, and a gentle aperient every second night. The paroxysms in a few days became less violent. The dose was then gradually increased to half a drachm three times a day. He was completely cured within a month.

The effects produced by the increased dose were, entire loss of appetite, and excessive dryness of the skin, which the patient described as being drawn too tight upon the body. The secretion of urine was very small, the heat of the skin rather diminished. These symptoms arising from the too large dose of the medicine, were entirely removed in a few days by the daily use of warm cathartics. Since this case I have never given it in larger doses than ten minims three times a day. Early last spring, this patient had a return of the complaint, when the liq. ferri supersulphatis was given in smaller doses with success, and without any unpleasant results.

CASE 2.—I have given this solution in several cases of leucorrhœa with the most beneficial effects. Some cases of long standing were completely cured by it, others were nearly so, the strength of the patient greatly increasing.

Case 3.—Night perspirations arising from general debility are very soon checked by its use. In one case I gave it to a gentleman who had been taking sulphate of quinine with sulphuric acid for two months without any benefit. In about ten days from the time of his commencing to take this preparation the perspirations had entirely ceased. This was in 1833, and he has not since had any relapse.

Case 4.—Paruria Mellita, a person residing in Wiltshire, who has had this complaint for two years, took during the first eighteen months, among other remedies, various preparations of iron, the sulphate, tincture of the muriate, ammoniated iron, but did not receive the slightest benefit from either of them; for the last six months, during which he has been my patient, he has taken this preparation in doses of ten minims three times a day. He felt great relief from it within the first month, and is now gaining strength and flesh every day, and losing the other symptoms of the disease.

Remarks.—The medicinal properties of the solution of the superacetate of iron are similar to those of the supersulphate. It is much pleasanter to the taste, and is readily taken by children when mixed with sirup and water. I give this preparation with much benefit in mesenteric diseases. From one to three drops three times a day in sirup and water, is the dose which I generally prescribe for children of from one to three years of age. In weak chlorotic patients also, this medicine is of great utility. The dose for an adult is from five to ten minims two or three times a day.

Every practitioner is aware of the numerous complaints in which iron may be exhibited with advantage. In all of them which have as yet fallen under my care, I have found these preparations to agree better with the patient, and occasion less nausea, than those generally used; I therefore have not considered it necessary to occupy more space in particularizing their effects in other instances, the above being quite sufficient to afford a general idea of their properties.

An Herbivorous Man.—Anthony Julian, a native of Var, fell suddenly into such poverty during his youth, that he was compelled to eat plants. That which was at first painful food soon became an object of choice; and although in a few months his situation was altered, he continued to live on raw vegetables, with the exception of a little bread and wine, which he could without any sacrifice forego. The digestion of his new food was perfect, and his health and strength increased in an extraordinary manner.—*Bull. de Sc. and Arts of Varr.*

System der Chirurgie von Ph. Fr. von Walther der Philosophie, Medicin, und Chirurgie Doctor &c. &c. (*A System of Surgery*) *by* Baron Walther, 1 vol. Berlin, 1833. Reimer, pp. 418. (Imported by Schloss.)

Walther is one of the truly great surgeons who do honour to his father land, and his works on Physiology and several detached papers on Practical Surgery in the Journal published by Graefe and himself, have greatly contributed to the progress of the higher order of medical science in the northern states of Germany. To his lectures, he himself, however, attaches more importance than to his writings; they have been delivered regularly ever since 1802, and, enriched with improvements supplied by the entire range of medical literature, and by many years of meditation and experience they have arrived at a state of high maturity. At the medico-chirurgical school of Bamberg, the University of Landshut, Bonn, and Munich, he speaks with a becoming pride now, in his riper years, of having had for auditors many of the most distinguished German surgeons of the present day.

The volume before us is the first of a series intended to present the whole of his course and system of surgery. It develops the *general principles* of surgery, and constitutes that to the succeeding volumes, which general does to particular or topographical anatomy. The Professor has, from the first step in his professional career, followed the leading ideas that medicine not only reposes on natural philosophy, but that it is itself *natural philosophy*. This position being firmly embraced, he cannot admit that its practice as an art, or its utility to society, admits of its division. In every point of view, Walther's System of Surgery merits that name better than any other extant. Those who prefer natural grouping to the A B C arrangement, or who, like Gibbon, "can never digest the alphabetical order," will find in this logical and purely rational system, many charms, and some consolation, for the present form of medical writing which prevails in England.

The forms of disease treated in surgery are divided by the Professor into five classes. To the first belongs inflammation, its terminations and sequelæ (*phlogosen*); to the 2nd, wounds, solutions of continuity (*traumen*); to the 3rd, displacements of

organs, changes of contiguity (*ectopieen*); to the 4th, MALFORMATIONS, producing destruction of function and deformity (*pseudomorphen*); to the 5th, FOREIGN BODIES, penetrating from without or generated within (*allenthesen*).

In the first chapter, that on inflammation, the adaptation of the treatment to the different forms of malady, is strikingly felicitous. The modifications of treatment, according to the character of the inflammation, where the habit of body is catarrhal, rheumatic, scrofulous, syphilitic, arthritic, or scorbutic, and according to the tissues or systems suffering, will be best appreciated by those who have had most experience in practice, and have seen on what slight causes success or failure depends. The indications for bloodletting in inflammation are thus stated:—

"Venesection is indicated with an urgency proportional to the intensity of the inflammation, the importance and vascularity of the organ, the danger of entire destruction or breaking up of its function,—to the phlegmonous character of the inflammation, the earliness and activity of the stage, the acuteness and tendency to spreading, the freedom from any dyscratic combination,—to the violence of the accompanying fever, the strength of the constitution, the richness of blood, the habits of the patient with regard to loss of blood.

"Redness of the face, the fulness, strength, and hardness of an incompressible pulse, high-coloured urine, dryness and heat of the skin, are indeed subordinate, but confirmative of the indications. Chronic inflammation frequently requires bloodletting, also dyscratic (scrofulous &c.) inflammation, if it assumes a dangerous appearance; only, in these cases, blood-letting cannot do all that is required; it can only cut short one element (the inflammatory) of the disease; the other (the dyscratic) element is not by that means arrested, but rather furthered in its development.

"Erysipelas, also, particularly of the face, bears and requires bleeding, keeping at the same time in view the origin and character of the fever, and the complications and likelihood of its return."

Also in children a little advanced in age, venesection is necessary in dangerous inflammation. Menstruation, the lochial discharge, hemorrhoids, are by no means invariable counter-indications.

Suppuration and the other terminations and kinds of inflammation are afterwards examined in the most comprehensive manner. Wounds are defined as violent separations of the cohesion of organic structures. They are examined according to their form, and the part or tissue injured,—in the skin, the muscles and tendons, vessels, nerves, and bones (fractures). Cuts, stabs, bruises, lacerations, gun-shot wounds, poisoned wounds, inoculated wounds (chancres, hydrophobic wounds, &c.), are treated successive chapters.

General and ingenious ideas are occasionally met with like the following, in the first chapter of the class of "displacements," the value of which will not be fully appreciated by every reader:—

"The organs of the human body are fixed in certain predestined localities. They can neither be developed, nourished, nor grow, and rightly fulfil their functions, unless they are placed in that precise local relation on which their insertion in the vascular and nervous systems, and their relation to the neighbouring organs,—by which they are supported in their functions,—in great part depend. As families of plants are confined in their geographical distribution to particular zones, to various degrees of latitude and longitude, to a definite elevation above the level of the sea, to certain climates, so is there for the organs of the human body a topical arrangement and normal position. Therefore, viewed in their totality, similar organs in the different classes of animals, always live in the same or corresponding places, and every displacement is also a correlative loss of dignity and destination for the dislodged organ."

Intussusception, hernia, prolapsus uteri, dislocation, paraphymosis, belong to this class.

Malformations of every kind, harelip, cleft palate, imperforations, strictures, ectasies, aneurysms, varices, aneurysms by anastomosis (*telangiectasie*), curvatures, and club-feet, form, in separate chapters, the fourth division (*pseudomorphen*).

Further remarks on this work are unnecessary. The reader must have seen sufficient to enable him to understand the author's arrangement. Without extracting more than our limits will admit, it would be impossible to give a just notion of its intrinsic value. For condensation of thought, philosophic reasoning, perfect exhibition of surgical science, and originality of view, it surpasses any work lately published.

On the Power, Wisdom, and Goodness of God, as manifested in the Creation of Animals, and in their History, Habits, and Instincts. By the Rev. WILLIAM KIRBY, M.A., F.R.S., &c. Vols. 1 and 2. London, Pickering, 1835. 8vo.

THE author commences his work by remarks on the opinions of the two well-known French philosophers, La Place and Lamarck, but more especially on those of the latter, as being pre-eminently the works of naturalists. Although we cannot agree with many of the ideas started by the latter in his "Philosophical Zoology," we nevertheless think they deserve the consideration of inquirers after truth. His main hypothesis of the gradual conversion of the lower into the higher order of organized beings, by the influence of external circumstances, assisted by "the lapse of ages," is not satisfactorily made out. He has certainly produced a few facts to show, that when an organ is not used, its power gradually declines until it may be said *not to exist*; and, *vice versâ*, that when it is much used, what may be called its "natural" state is rendered more perfect. This is matter of common observation, and has been long known. Lamarck, however, has considered it more particularly than have the generality of physiologists; and although he has made some ingenious deductions from it, and some that are correct, we still think that every impartial man who has attended to the subject, will so far agree with Mr. Kirby as to perceive, that the French philosopher has by no means yet brought forward a sufficient number of facts to establish his main hypothesis. Lamarck perceiving that change of circumstances, assisted by time, will to a certainty produce *some* variety in the animal species, has conceived, that such change of circumstances, aided by *an incalculable extent of time*, may have produced *all* the varieties which we see in the organized world. The hypothesis is plausible at first sight, because it is not altogether unsupported by facts; but when examined more closely, it is obvious that by far the greater part of it, though not altogether "*irrational*," as Mr. Kirby calls it (page 24), has still so little foundation in observation, experiment, or tradition, that at best it can only be regarded in the light of a bare possibility. Before leaving this point of the subject, remembrance may be called to the fact, that Meckel* has shown that our life in the womb first resembles the life of an egg or an animalcule, and next that of a fish or a cold-blooded animal, which has *only a single heart*, till at length, as the time approaches for our appearance in the open light of day, our vitality assumes the character of the warm-blooded species, and we appear in the world with a *double heart*. Considering these facts, Meckel supposes that he perceives something like a tendency of matter to rise from the lower to the higher forms of existence. We do not think he has added (as he might have done), that not until long after birth does the child acquire what may be called the "true prerogative" of its species,—reason. This,—not exactly, as some have said, "built up from the external senses,"—is still something superadded or developed *after* the animal has risen to the top of the organic scale, and become warm-blooded. Animalcule, reptile, dog, its master. Such seems the ascending series.

Sir Charles Bell, in his "Bridgewater Treatise," is opposed to these ideas of Lamarck and Meckel. He considers the lowest animals to be as perfect in themselves as the highest. This is an argument that deserves consideration from those who engage in these difficult inquiries. The ant and the bear, and indeed some *reptiles*, such as the crocodile, seem often to have given proofs of sagacity which should make us hesitate whether it is right to consider those animals which will be low in Lamarck's and Meckel's series, as so ranging in reality. The world is *one* vast piece of mechanism (some may say), *every* part of which is so arranged, as to fulfil the intentions of the incomprehensible Artificer; and it is absurd to consider one part to be higher or lower, more perfect or less perfect, than another. With regard to Meckel's above-stated observation, it seems to be the sole instance that we at present have of life beginning at what we call the "bottom" of the scale, and gradually ascending to the top. Conceiving it to apply not only to the human species, but to all the warm-blooded species, it is still to be remembered that this all takes place *in* the body of the parent, and *not out of it*. There is, properly, at present, so far as we know, not a single example of such a tendency of

* "Anatomy."

matter as that which is supposed by Lamarck and Meckel, existing *out* of the parent animal.* Tiedemann, indeed, in his late work on physiology, supposes that our body after death becomes gradually changed, as decomposition advances, into myriads of animalcules, which again pass into vegetable and thence into animal forms of existence. And this may be the fact, so far as that animalcules are produced by decomposition, and that these, by their death, or, possibly, by their life, may contribute, rising among the vegetable juices, to the vegetation of the seed, by affording it nutrition, or *stimulating* it, assisted by air and water, to action. But it is not the fact (so far as we at present know), that each animalcule is *changed* into the seed, or even into a part of the seed. Much less is it a fact, that the lower orders of vegetables are changed into the higher, or into any form of animal life. True it is, that the vegetable, when dead, may,—as it were, after another death,—after chemical *decomposition* by the animal fluids,—become changed into a part of the animal again alive. But this is a very different thing from a vegetable actually growing into (changing into) an animal; or an animal of the lowest species changing into an animal belonging to a higher class in what is called the scale of organization.

Again, if it be said,—"But animalcules, which are *living* matter, are obviously produced from the fermentation of animal or vegetable infusions which are *dead* matter, and hence display the existence of a disposition in matter to rise from death to life,—from a lower to a higher state of being,"—we may reply, "That has been questioned." Spallanzani conceived the *eggs* of the animalcules to float about in the air and elsewhere, and only to be hatched (so to speak) when they accidentally fell into a proper nidus. Such he conceived decomposing infusions to be. Knowing that some of the animalcules may themselves be kept for many years (as the wheeler for instance), and yet show signs of life on being moistened, it seems by no means impossible that the eggs of those animalcules may float about in a dry state in the air, perhaps for hundreds of years,* and yet not lose the power of becoming living animalcules, should they chance to fall into an infusion suitable to produce such change. This seems to be the less improbable, because these animalcules often propagate by division, like vegetables, and the seeds of which we know may be kept dry without injury for years. Lamarck, however, and some other naturalists, seem inclined rather to believe that animalcules are actually *generated* by decomposition. But there is strong analogy against such a supposition. We have proof that no other insects or animals are so generated. At least such a phenomenon has never yet been discovered in others.

It seems, therefore, to follow from what has been said, that when the visible animals originated, some cause was in operation which is not in operation now; and the same may be said of the transmutation of the lower into the higher forms of existence, if, indeed, this was the order of creation.

We select the following observation with regard to life from Mr. Kirby's Treatise. It affords a specimen of the original views which are frequently to be met with in the work.

"Thus much, however, may be predicated of life, that both in the vegetable and animal, like heat, it is a *radiant* principle, showing itself by successive developments for a limited period, varying according to the species, when it begins to decline, and finally is extinguished: that sometimes also like heat, as in the seed of the vegetable and egg of the animal, it is latent, not manifesting itself by development, till it is submitted to the action of imponderable fluids conveyed by moisture or incubation."—p. 40.

The reverend author thinks that the hypothesis of Mr. Mantell, viz., that the saurians were the mighty masters of the creation before the existence of the human race, is not altogether satisfactorily made out. "The supposed extinct animals all exhibit a relationship to those that we find now existing, and many of them evidently fill up the vacant spaces in the general system, and therefore there is no cause to suppose they were originally separated from and *anterior*

* Nor does there exist evidence that such a tendency has *ever* existed. "There are no fossil remains in the lower strata of the earth, of vegetables and animals, of oaks and lions, in miniature; or of creatures with organs half formed; while in the upper strata they are found in a state of greater perfection." See "Allan's Discourses against Atheism," Discourse 4, p. 186. This work was not known to us until after the present article was written.

* It is not necessary to believe that they have floated from their first creation, because they may possibly be borne up into the air by evaporation; or, being left behind after their infusions have evaporated, may be carried up by the wind.

to their fellows." We do not, however, observe any new or striking arguments brought forward in favour of the notion that extinct animals were created at the same time as those which are at present in existence.

In chapter II. a great many ingenious arguments are advanced to show that America may have been stocked with men and animals from the old continents. Land connexions, subsequently swallowed up by the sea, "floating islands of matted wood," similar to those observed by Captain W. H. Smith &c., are urged as possible modes of transmission. The author, in the Appendix to the first volume, and elsewhere, has endeavoured particularly to make geological researches accord with the Mosaic account of the deluge. In aiming at this as a *general* principle, he is doubtless serving the cause of Scripture; but in urging the existence of coincidences to such an extent as he has attempted to carry them, we doubt much whether he has not overshot his object. This error the traveller committed who, in proof of the transmutation of Lot's wife into salt, announced that he had found the pillar in the desert. The expression relative to the sun standing still, and others of a similar description, show, that however plausibly we may interpret to the letter some parts of the most ancient records, we cannot do so in all. And if we cannot do so in all, to labour at parts shows our anxiety to be more prominent than our wisdom, for partial success must lead to rejections which the interpreters will not desire.

We leave the perplexing subject to make some remarks on the chapter "On Instinct." "An ingenious and acute writer, Mr. French (says the author), is the author of the hypothesis that instinct is the action of some *intermediate* intelligence employed by the Deity upon the animal exhibiting it,—an hypothesis (continues our author) which appeared in the first number of the *Zoological Journal.*" It seems by another quotation, that Mr. French conceives "these intermediate intelligences to be *good* and *evil*, but acting under the control of Providence; and that such agencies act by impressions upon their conscious nature, but unperceived by it in a moral or intellectual sense." The reverend author remarks on this passage, that in common phraseology he presumes these intelligences would be called "Angels and Demons," the former being the cause of the *beneficent*, the latter of the ferocious instincts of animals. "It is further obvious, (he continues,) that Mr. French believes that the *same* animal is subject to the agency of *both* these powers; since, he has observed that in the phoca ursina species, the males manifest the most singular tenderness towards their young progeny, and at the same time a savage and persecuting disposition towards their females."—p. 233.

Mr. French might have gone farther, and said that as an attraction to the centre and a tendency to motion (the centripetal and centrifugal forces) seem to pervade all inanimate matter,* in like manner two opposing powers, benevolence and malevolence, selfishness and generosity, seem, though in different proportions, to pervade all organized animal matter. We say in "different proportions," for it is obvious that in some animals (man included) the benevolent principle is the stronger, in others the malevolent. Were we called upon to make two grand distinctions on this subject, we should say that herbivorous animals were inspired more particularly by the benevolent powers, and carnivorous by the malevolent; at the same time admitting that even the herbivorous are sometimes actuated by the malevolent influence, and the carnivorous by the benevolent.† There is little that is new in this opinion. Plutarch says, in his Essay on Isis and Osiris, that it was entertained by Zorosster and the Egyptians. It was the opinion of Plutarch himself—if not in its details, at all events in its outline. It was the opinion of Bayle. Further, it is an opinion that prevails more or less among all educated nations even of the present day. The "Devil" we are told entered the serpent "in the beginning," and the serpent has since retained venomous and malignant qualities.

But the reverend author does not coincide with Mr. French in his opinions on in-

* Mr. Kirby has a remark somewhat similar to this as regards instinct and intelligence, which latter is considered a "principle of limitation."—P. 27, vol. 2.

† Having no space for details, we have said nothing about fate, necessity, or the obstinacy (or opposing power) of matter, suggestions of Plato; yet does Paley *indirectly*, in accordance with scriptural doctrine, admit the agency of one at least of these. We do the same, and in this way show how the benevolent is stronger than the antagonist power.

stinct. The former says, "It never can be admitted," that the bee in collecting honey is actuated by "the *good* angel;" and in efforts of vengeance by stinging is excited by the *evil* spirit. Suppose, however, instead of saying the "good angel," we say "the good power in its nature," and *vice versa*. This power or "agency" (as Mr. French calls it) may be inherent in the animal or insect, or not. In conceiving it so to be, we perhaps alter somewhat Mr. French's meaning. Certainly it is difficult to conceive that the spirit, angel, power, or agency, exists out of the bee. Its abode must be in the insect. Its dependence on peculiar structure presents another question for discussion.

Mr. Kirby says that he has sometimes seen the flesh-fly deposit her eggs upon the blossom of the carrion plant, evidently mistaking this plant for carrion itself. "It is obvious, he observes, in this instance, that the insect was led by its sense of *smell* to make this mistake,—fatal to the young, which must inevitably perish from hunger." With regard to the error committed in this case and others, (where the insects and animals act upon their instinct, and the fact that in this particular instance the sense of smell directs the insect,) Mr. Kirby thinks that the proximate cause of instinct is for the most part *physical*. (pp. 240 and 266.) We may agree with the rev. author that it is probable that the instinct depends on a physical cause in the case he has brought forward, and yet not entertain an opinion that is inconsistent with the doctrine already advanced, relative to benevolent and malevolent powers or agencies. Mr. Kirby himself does not pretend to account for "the wonderful sequence of actions and manipulations exhibited by the beaver, the bee, the spider, and the ant," on physical causes (page 276). He admits the difficulty in these classes, and as he offers no such satisfactory solution of it as in the case already mentioned, we are at liberty to believe that in many cases instinct may depend on what he calls metaphysical, or at all events *mixed* causes.

We might fairly be more solicitous to hold the opinions advanced with regard to benevolent and malevolent powers pervading all animal life (and, probably,—as we may attempt to show hereafter,—all vegetable life), because the treatise of Mr. Kirby* does not (nor, in conjunction with it, does that of either of his colleagues) present more than two or three rational and successful arguments in addition to the evidence furnished by Paley in support of the doctrine of "Divine Benevolence." Yet the work of Mr. Kirby professes especially to be devoted to proofs of "the Power, Wisdom, and *Goodness* of God,"—subjects on which the Earl of Bridgewater particularly requested works to be "written, printed, and published." We have already, in our observations on the Treatises of Drs. Kidd and Roget, described this opinion, and we now repeat it, at the same time confessing an humble belief that the hypothesis of antagonist Benevolent and Malevolent powers, offers the more satisfactory solution of the difficulty which besets this point of "Natural Theology." But to discuss the various bearings of this proposition, and to show how, amidst the seeming disorder and injustice which in the view of some seem to prevail among the objects and functions of creation, an Universal Spirit of Benevolence may still be ever in operation, is not our present object.

In reference to the different kinds of food by which animals and vegetables are nourished, our author well observes, "The animal does not become the nutriment of the vegetable till it is chemically decomposed; whereas the latter becomes the food of the former either in its green or in its ripe state." This may suggest the remark, that it is doubtful whether plants should be considered higher merely as *living beings* than animals. The rose takes putrescent matter for its food, and converts all that is disgusting both to the sight and to the smell, into much that is delightful to two of the senses, – into what is exquisite to the vision and sweetly odorous to the smell. No such power exists in animal matter. Though many birds and animals are beautiful, fragrance they possess not, and none of them that are fair to the eye, can subsist on a putrescent mixture of organic *with* *inorganic* matter; but all carry more or less of such mixture within them, though they take it not from without.

* It must be admitted, however, that the author has *one* argument on the subject which deserves consideration. In stating that fish almost entirely subsist on each other, he says that, in common with cold-blooded animals generally, they do not suffer so much as warm-blooded animals from dismemberment. (Page 378.) Probably this is the case; but the argument is only partial, and hence of no great weight.

Not so the rose. The queen of flowers is perhaps the most accomplished of chemists, during life converting corruption into sweetness, and retaining comeliness and wholesomeness even after death, falling slowly only into inoffensive dust. The queens of birds and of humanity perish into odiousness.

Quaint enough is the following erection on scriptural theory:—

"It is singular that two classes should be placed in opposition to each other, seemingly so opposite in their character and most of their qualities, as the reptiles and birds—the one the most torpid, doleful, and hateful of animals, symbols of evil demons,—the other *vice versa*. * * * *

But in spite of this apparently striking contrast, a real affinity exists between birds and reptiles (in their general form &c. &c. of course is meant, each too being oviparous); and when we recollect that demons are fallen angels, we may apprehend why God has placed their symbols in the same series." (Page 441, vol. 2.)

To conclude. Though we differ from the author in some of his opinions, yet we acknowledge the work to be one of merit, and calculated to afford considerable pleasure in the perusal, to thoughtful readers. Many of the observations which it contains are at once original and judicious, and if the pursuit of truth does not always satisfy the reader by its success, the path at least affords food for meditation. The materials for thought are certainly supplied in his pages, which can rarely be said of "new books" in this age of literary vampation; and in casting yet further abroad a little of the seed which he has therein strewed, we shall probably cause some to alight in a soil that will afford it growth which it would not otherwise obtain.

The Principles of Ophthalmic Surgery; being an Introduction to a Knowledge of the Structure, Functions, and Diseases of the Eye; embracing new views of the Physiology of the Organ of Vision. By JOHN WALKER, Surgeon to the Manchester Eye Institution. London: Taylor, 1834. pp. 195.

THE title of Mr. Walker's work is sufficiently explanatory of its nature. The structure, uses, and diseases of the eyelids, of the tunica conjunctiva, of the eyeball, the cornea, the sclerotic, the choroid, the retina, the iris, the anterior chamber, the posterior chamber, the orbit, the lachrymal gland, and the passages are successively and succinctly discussed. A vocabulary is added, explanatory of technical terms, with the German and French synonyms. This is exceedingly useful, nay, indispensable to the student, who will readily admit the fact when he finds that there are more than one hundred distinct diseases of the eye, each characterized by some hieroglyphic forged out of Greek, by the laborious wit or the dulness of the Germans. Three hundred technical terms are already employed by the ophthalmologists. In the name of common sense, and on behalf of the verbal memory of their brethren, we now entreat them to desist from further neological creations, which, instead of diffusing light, threaten us with the perplexities of chaos again. Let our translators resolutely resist the German verbiage. None sooner than ourselves are willing to acknowledge German genius whenever it appears: but we caution our countrymen against giving currency to the piles of lucubrations which are retailed at the Leipsic fairs. A German Professor is an author, often a nomenclaturist, *ex officio*; and the dense stupidity of a German dunce surpasses any thing of the kind in nature.

The examination of the physiology of the iris, in which Mr. Walker comes to conclusions differing from those generally held, will afford a favourable specimen of his method of reasoning in physiology.

"It has been usual to refer the motions of the iris to a supposed connexion with, or dependence upon, the retina. Many facts may be advanced in proof, that the changes of the pupil are independent of the retina. They have no communication with each other—their nervous supply is totally different, the sensibility and mobility of the iris depending upon the ciliary nerves;—the retina communicates only with the optic nerve. In many cases of paralysis of the retina, the iris is perfectly active. The opposite condition is also frequently noticed of dilated and motionless pupil, without loss of vision. Either of these conditions is perfectly irreconcilable with the idea of the motions of the iris being dependent upon the retina: both form such an insurmountable objection, that they cannot be got over.

"In the most densely opake cataract, where very little or no light can get to the posterior chamber, the pupil, instead of being proportionally dilated to the unexcited state of the retina, is as active and as much contracted as ever, which could hardly be the case if that activity depend upon the quantity of light sent to the retina.

"To explain this more clearly, we will

adduce two instances, in which the facts will speak for themselves. 1. A.B. is affected with cataract of both eyes. The lenses are so opake, as to allow of scarcely any light getting to the retina, consequently he is unable to discern any object but very indistinctly. *His pupils will be as much contracted as those of any other person.* 2. C. D. has no cataract. His vision is perfect. He is placed in a darkened room, where there is so little light to affect the retina, that he is unable to discern any object but very indistinctly. *His pupils will be widely dilated.* In these instances the retina is similarly situated as to the stimulus of light; and yet we find the pupil dilated in the one case, and contracted in the other. The inference to be drawn from these facts is, that the exterior of the eye and iris are acted on by the light, and that the contraction of the pupil is the result of that action; and, consequently, that the latter is not influenced by the quantity of light sent to the retina.

"In the state of sleep the pupil is powerfully contracted, whilst the retina is unemployed, and in a state of complete repose.

"By means of the lenticular ganglion, which gives off the ciliary nerves, the iris is connected with the palpebræ, by the third and fifth pairs of nerves; and all its relations seem to be with the eyelids and not with the retina. It is very common to find them both simultaneously affected with disease:—thus, if there be paralysis of the third nerves, the levator palpebræ and the iris are both motionless. In the experiments of Magendie, when the fifth nerve was divided, in dogs and cats, in whom the arrangement of these nerves is the same as in man, the iris was paralyzed, and the eyelids could not be closed. I have seen disease, in which the eyelids and iris were both in a state of continued spasmodic action, a constant twitching and closure of the eyelids, and a corresponding rapid contraction and partial dilatation of the pupil, owing apparently to irritation affecting the fifth pair of nerves. Instances of this affection cannot be considered as by any means uncommon, since it is particularly noticed by Beer, to whom it could therefore be nowise strange.

"By reference to the facts of comparative anatomy, this view of the relation between the palpebræ and iris is strengthened and confirmed. Insects are devoid of either. In fish we find the iris perfectly formed (as a portion of the optical apparatus), but motionless and no eyelids. In the amphibia the iris is also present, with a feeble languid motion; and here we have the first rudiments of eyelids; these consist of folds of the common integument, with which the animal occasionally covers the eye, placed anteriorly and posteriorly, and resembling the third eyelid of birds and the mammalia. In birds the eyelids are perfectly developed, and the iris exceedingly active. Keiser found that after cutting away the eyelids in birds, the contraction of the pupil accompanied every fruitless attempt to close the lids; so that it would appear that the motions of the iris are voluntary in them. Carus, from whose 'Comparative Anatomy' these facts are taken, asks, 'Does not this consonance of motion in the eyelids and iris, as well as the development of mobility in the latter at the same time with the first appearance of eyelids, go far towards proving its muscularity?' It may be taken equally as a proof of their mutual action and relation.

"In the mammalia we find the same striking analogy between the eyelids and iris. Before birth, as in man, the pupil is sealed up with the papillary membrane, and the eyelids are closed by a similar membrane; and in those animals which are blind at birth, both these membranes disappear together.

"From all these remarkable and striking agreements, it is not too much to draw the inference I have done, viz., that the sympathies and relations of the iris are with the palpebræ and not with the retina. I challenge the advocates of the latter opinion to bring forward such a string of facts in support of that view."

We recommend Mr. Walker's book as a very meritorious performance; every subject which he has discussed is treated clearly and with good sense.

An Introduction to Hospital Practice in Various Complaints: being a Clinical Report of Fever, Gout, Rheumatism, Cholera, Jaundice, Erysipelas, Insanity, &c., and Diseases of the Chest and Heart, with Remarks on their Pathology and Treatment. By C. J. B. Aldis, M.A., M.B., and L.M., Inceptor Candidate of the Royal College of Physicians. London: Longman, 1835, 8vo, pp. 125.

Periodical medical literature can render no much greater service to medicine than must result from the publication of carefully-observed and well-digested reports of hospital cases. Physicians and surgeons in large private practice can only present us with general conclusions, leaving us, too often, in ignorance of the facts and observations upon which those conclusions have been founded. It is for advanced students, or young physicians, who can afford to spend some hours daily in the wards of an hospital, to collect those details of interesting facts which occur from time to time under the superintending care of others,—in short,

to lay before the public a full account of "the evidence," of which the more experienced practitioner can only report to us the "summing-up." In the hospitals the medical officers should themselves set the juniors to work, and arrange and complete the materials collected, the independence and honesty of the collectors being the guarantees for the fidelity of the reports. If they will be at no pains to perfect the documents produced, at least should they afford every facility to enable others to perfect them. However, there seems to be so much reason for the preservation of secrecy in British hospital practice, that there is no hindrance or obstacle which, with few exceptions, is not thrown in the way of reporting cases honestly and impartially, in the national medical charities of this country. In France, a greater compliment cannot be shown to an hospital medical functionary, however high and eminent his reputation, than to report his cases in the public journals.

There are sometimes, however, followers in the wards of our hospitals on whom the physicians and surgeons *can depend*,—as a lord can depend upon his amanuensis, or a prince upon his little foot-page; and now and then we have these *attachés* issuing reports or *brochures* of cases, "selected," *judiciously selected*, and fitted for *publication*, with the grand name of the hospital affixed to the title, and an equally grand name in the dedication. Yet such publications must contain much that is veritable, and ought, imperfect though they may be, to present us with much that is valuable.

Dr. C. J. B. Aldis is neither a foot-page nor an amanuensis. He is an M.A., an M.B., an L.M., an L.C.O.I.R.C.O.P.L. and a D. to his M. E. M. K. W. the 4th, P. and P. to St. George's H, and of all N.I.'s,—which latter series of initials being interpreted, means that Dr. Aldis is a Dedicator "to his Most Excellent Majesty King William the Fourth, Patron and President of St. George's Hospital, and *of all noble Institutions*.—What a simple thing is science! What grandiloquent personages are some of those gentlemen who follow in its wake! We will presently furnish our readers with a specimen of the "special cases" which Dr. Aldis has thought worthy of dedication to "the patron of all noble institutions." His present production has certainly induced us to change any intention we may have entertained of engaging him as a reporter at *St. George's*, notwithstanding the fact that he has been there for a "series of years" learning the occupation. Suppose his most gracious Majesty had met with the following case in our columns, which position it has missed, occupying, instead, a place in page 32 of the "Introduction to Hospital Practice,"—a work which is designed "to prevent numerous valuable facts from sinking into oblivion."

"*Case of Infantile Remittent Fever.*

"Charles Wellington, æt. 3½, admitted December 7, 1831. Pulse 120; skin warm and moist; bowels open and motions dark; urine clear; abdomen rather swelled; emaciated; voracious appetite; coughs and expectorates thick phlegm.

"Had the measles three months ago, which were of an irregular character, and he has not been well since.

"R. *Hydrarg. Submur.* gr. ij;
Pulv. Jacobi gr. j. o. n.
Haust. Sennæ ℥ss, omni mane.
Haustus Cetacei ℥ss, sextis horis.
Diæta Lactea.

"9. Prolapsus ani.

"*Enema Aquæ Frigidæ* ℥ij, quotidie, P.

"14. P.

"25. The prolapsus ani has ceased; the injection has consequently been omitted; no cough.

"*P. c. Hyd. Submur. et Jalap.* alt. nocte.
Haust. Sennæ posteris diebus mane.

"Jan. 2, 1832. Cured."

This is *verbatim*. It constitutes case 17. Does Mr. Aldis seriously present it either to King William or the profession as an hospital report; or does he think himself privileged, as an inceptor candidate, to publish what the merest tyro in the profession, who possessed the same opportunities for observation in the hospital, would be ashamed to own? Look at the previous history of the case—"measles of an *irregular kind* three months ago." How precise! "Has not been well since." How clear a description of the premonitory symptoms and previous state of health!

The report of the 14th day is unique in medical records: "14th.—P." Probably Mr. Aldis shook his learned head as he wrote the algebraic fact of "P." A shake of the head stood for much with a *dramatis persona* in the "Critic," and may have been equally expressive *here*. But then we do not see it. Perhaps the printer, to whom the notice of

the significant movement of the head was new in "composition," omitted "*a shake of the head*" after "P.", in ignorance. At any rate it would prove profitable work to Dr. Aldis, to obtain a "P." engagement on the periodicals.

The greater part of the cases reported are very nearly of the same description. Thus the entire subject of *croup*, which the author describes as "cynanche trachealis," is dismissed in a single case, which occupies three-fourths of a page, while the sum of information on the spasmodic form is contained in the following extract, which embraces every word contained in the article under that head.

"*Spasmodic Croup.*—This is opposed to the former, which may be termed inflammatory croup. It usually attacks patients suddenly in the night-time, and is unaccompanied by the symptoms of pyrexia, which commonly distinguish the former. There is often an intermission of the disease. The warm-bath and antispasmodics compose the treatment."

We have seen, within the last few years, several works, British and foreign, on diseases of the heart. We beg the authors of those works to consider how absurd have been their labours, when they learn that Mr. Aldis has discovered that the diseases of the heart consist simply of hypertrophy and ossification, and that we could print every word which he has to say on the subject of the former in one page of our journal, the latter being concentrated in the following three lines, immediately after dismissing the cases of hypertrophy.

"The remaining diseases of the heart consist in ossifications, which may be palliated by medicine and repose, and life may be prolonged by avoiding excitement."

And it is to give encouragement to such piddlers in cases as Dr. Aldis, that our hospital doors are almost closed against the reporters for the public press!

Practical Observations on the Nature and Treatment of Nervous Diseases, with Remarks on the Efficacy of Strychnine in the more Obstinate Cases. By GEORGE RUSSELL MART, M.R.C.S. L. London. Churchill. 1835. pp. 185.

THIRTY-TWO more miracles performed by strychnine! Mr. Mart has come from H.M. Ship *Racoon* to the assistance of Dr. Turnbull, and discharged a very destructive broadside against hemiplegia, paraplegia, amaurosis, nervous indigestion, tic douloureux, and neuralgia. Like the production of Dr. A. B. and C. D. Turnbull, the present work is not,—Oh, fellow countrymen!—a list of the *killed* and *wounded*. It resembles more a Report of the Humane Society, and contains only a catalogue of the *saved*. The victims who used to escape from shipwreck offered gifts to Neptune, and the temple of the Ocean God contained many proud trophies of his power, which the priests exhibited with immoderate elation to the devout stranger: "Where are the memorials of those who perished?" was a question which overwhelmed them with amazement." We ask Mr. Mart, and we shall continue to ask all the proclaimers of new medicines—"To how many patients did you administer your drug without producing the least advantage from its employment?"

The author of the work on strychnine has "for many years *successfully administered* strychnine in paralytic complaints, as the relation of some very obstinate cases will prove." These cases are very clearly, and we have no doubt very fairly, related. The work is, indeed, one of the best yet published on strychnine, and goes as far to verify its efficacy as can any book which relates to *successful* cases only, and does not pretend to ascertain their *duration*. The following extract affords a favourable specimen of Mr. Mart's cases:—

"*Case* 7.—Thomas Linton, aged 42, had been two years in the *Racoon Hospital*, in Portsmouth Harbour, before the date of the author's appointment thereto. He was tall, thin, and had a sallow complexion, and was the most intelligent patient in the ward. He stated that he had not quitted his bed for twenty months, except on favourable days, when he was carried on deck for fresh air. The cause of the palsy was a blow on the loins by a fragment of stone, attended with considerable pain at the time, which in a day or two passed off. Sometime afterwards he became alarmed by a feeling of numbness extending along the thigh, and a sensation as though strings were tightly bound round the legs. These symptoms increased, and at the end of three weeks the man was deprived of motion of the legs, and became unable to stand. Every means of cure were tried, including a mercurial course, which caused a loss of several teeth. Poor Linton received no advantage, and was considered 'an incurable.'

"The treatment was commenced by ad-

ministering some blue pill, and doses of purgative medicines; the state of the secretions required previous treatment. Afterwards, one-eighth of a grain of strychnine was ordered in the form of a pill twice a day, and a dose of a mixture containing *diluted sulphuric acid* taken at the same time. On the second day the pill was repeated three times, and the strychnine was gradually increased to a grain in twenty-four hours. When the treatment had been continued a month, no amendment occurred; but about this time a blister was applied over the part where the blow was received. On removal of the skin, one quarter of a grain of strychnine was applied twice a day. The blister was dressed daily in this manner till it healed, when another was applied in the vicinity, which was dressed with half a grain of strychnine sprinkled over the denuded surface twice a day, and also administered internally in pills containing a quarter of a grain four times a day. Six weeks from the commencement, the patient began to improve; convulsive jerks were felt in the legs, and a sense of pricking and other odd sensations were experienced; the toes would move involuntarily. An erect posture had been attained several days; the patient sat in a chair, and moved the legs in every direction. He continued to improve in various degrees, but the amendment was always more rapid after blistering. This treatment was continued four months, when he was so far recovered as to be discharged from the Hospital Ship, and had light work assigned him. Finally the cure became perfect, and he performed the duties of an able-bodied man."

Practical Anatomy of the Nerves and Vessels supplying the Head, Neck, and Chest, &c.—By Edward Cock, Demonstrator of Anatomy at Guy's Hospital.—London. 1835. Schloss. pp. 240.

The preface to this little work contains an apology from the author for adding one more to the long list of existing "manuals" of anatomy. The excuse, however, is unnecessary. The work is well executed, and we especially approve the plan on which the anatomical researches in the regions displayed is conducted.

There is no occasion for us to enter into a public examination of the contents of the volume, or to analyze its details, which are purely anatomical. Mr. Cock does not pretend to have made any discoveries; he merely claims attention for the manner in which he describes the vascular and nervous parts of the head, the neck, and the thorax, pursuing a method which we have always considered to be the only one that is really calculated to aid the student in his inquiries in the dissecting-room. Instead of commencing with the large trunks of the arteries and nerves, the author takes them up (at the point where dissectors must commence) at their terminal branches, and then follows them to the more deep-seated parts, and interspersed his descriptions with a variety of remarks and directions for dissection, which none but a practical anatomist could have given, and which will render the greatest assistance to the student while he pursues this difficult portion of anatomy, scalpel in hand. In short, the author makes his work say that which the demonstrator would describe *viva voce*, with the parts before him, and in the same order as that in which the parts present themselves under the knife; and this handy volume may be conscientiously recommended to all those who desire to lay that sound foundation for medical knowledge which can be derived only from a practical acquaintance with the structure and relation of the parts composing the human body. The work is issued with the usual extreme neatness of Mr. Schloss, whom we may take this opportunity of recommending to students as the publisher of some excellent and valuable plates of anatomy by Weber, especially his Anatomical Atlas.

THE LANCET.

London, Saturday, October 17, 1835.

The remarks which we have recently offered to the profession and the public, on the fraudulent lecture and certificate system, have produced, it appears, the desired effect on some of the most guilty of the delinquent parties. There is no trusting them to discuss this question, except in favour of one side. As all the *arguments*, therefore, are with us; all the calumnies, all the falsehood, or, to speak plainly, all the lies, are to be found in the columns of our opponents. It is pretended by our veracious adversaries that we advocate the apprenticeship system, and that we contend for the proposition of totally abolishing the practice of lec-

turing in public and private medical schools; —that, *therefore*, we have insisted that *every* surgeon should be deemed capable of supplying his pupil with a competent knowledge of every branch of medical science, and that the pupil should derive no other aid, with respect to instruction in medicine, than that which can be furnished to him by the gentleman to whom he is articled as an apprentice.

It is not in our power to present any specimen to our readers as a *refined* mode of lying, because nothing more gross, more truly gross, in the shape of falsehood, was ever presented to the observation of intelligent men. What we have been seeking to establish—and this is as well known to our shallow-pated opponents as it is to the profession—is a system of education in medicine, which has its foundation in principles of justice,—a system which will necessarily confer on all practitioners of medicine, the privilege, *when they are competent*, of supplying their apprentices or pupils with a competent knowledge of the theory or practice of the science of medicine. Hence, on a variety of occasions, we have felt it to be our bounden duty, in justice to the public, and in justice, too, to surgeons who are engaged in private practice, to expose the enormous abuses which arise out of the certificate system, enforced and sanctioned as it is by the rulers of our colleges and companies.

But the exposure, it seems, is a source of grievous annoyance to certain of our empty-headed lecturers. We are glad of it. We had no desire to please them, and quite certain are we that, if our criticism on that subject had been consolatory to *their* feelings, a better proof could not be furnished that we had sacrificed the interests of the profession. When, therefore, our opponents are most liberal in giving utterance to vituperations and falsehoods, we derive the greatest share of satisfaction; for of what use is it to apply the lash, unless we can make the galled jades wince? The adversaries of a just and rational system of medical education, know well enough that THE LANCET has ever been opposed to a compulsory system of instruction of any kind, other than what is demanded by the capacity of the pupil to undergo a searching public examination. To this extent our advocacy of restriction has reached. Beyond it we have not gone a single step. The system of compulsory apprenticeship, instead of being lauded in this journal, has been denounced by us, as well also as has the disgusting humbug of "recognised" courses of "four months" and of "six months" duration. It has ever been the object of our labours to set both practitioners and students free from such odious and pernicious trammels, as far as may be necessary to suit the interests and conditions of persons against whom the "recognised" system may operate—if not as an institution of extortion, at any rate as a provision which must be attended with great disadvantage. By the Apothecaries' Act of 1815—a measure which has called forth so many pages of eulogium from the pen of the hired hack of the corruptionist—the student in medicine who desires to practise as an apothecary in England and Wales, must serve an *apprenticeship* to an apothecary for a period of "not less than five years." When, however, this self-same student makes his appearance in the metropolis, with the avowed object of obtaining his license at Apothecaries' Hall, he is required to commence his studies *de novo*, and certain rules are prescribed for his adoption, a compliance with the terms of which requires a residence of nearly three years in London. In short, had he been articled to an attorney—had he been apprenticed to a carpenter or a fishmonger, he could not have been subjected to a more degrading, a more expensive ordeal. Is this a state of things which is calculated to give satisfaction either to the student, to the public, or to surgeons and apothecaries, whose articled pupils are thus unceremoniously imprisoned and plundered in the "recognised" schools of medicine?

Why, we ask, if the private practitioner be endowed with sufficient acquirements, and be gifted with an adequate share of industry, to convey to his pupil an adequate knowledge of the various branches of medical knowledge; why, we ask, is he to be discouraged from pursuing a course which might prove in the highest degree advantageous to his own interests, as well as to the professional and moral welfare of the individual who is placed under his charge?

And pray, who are the practitioners whose abilities are spurned by the Colleges, and whose acquirements are made the subject of vulgar ribaldry by MACLEOD and the rest of his ignorant clique? It happens, strangely enough, that they are gentlemen who have endured all the tortures and the costliness of the certificate system, and have been proclaimed by the ruling authorities to be perfectly qualified to undertake the duties of medical practitioners. And who are the lecturers? Why, persons who, in point of legal professional qualifications, possess no higher, no better claims on public confidence. Yet in the one case, a "certificate" of three months' attendance on oral discourses, delivered daily, during a single hour, is "recognised," is received as entitling the candidate to possess the license or the diploma; whilst a testimonial of attendance during "five years" at the bedside of the sick, in the dispensary, in the laboratory, and in the botanic garden, of an able surgeon-apothecary engaged during the five years not only in the ordinary duties of his profession, but in conveying instruction to the mind of his industrious pupil, is rejected with contempt and scorn, and the hospital and "recognised" functionaries command such dirty miscreants as their toad-eating hack MACLEOD, to hold up and exhibit the private practitioner to the public, as a person who has not a sufficient knowledge of his profession to instruct a pupil in the mere elements of the science of medicine. Nothing, in fact, can be more truly extortionate, than the whole of the system of "certificates" and "recognition;" and it is marked by this striking peculiarity, that there is not connected with it a single benefit which has even a tendency to counteract its innumerable disadvantages. If the governors of our colleges and medical companies had been stimulated in the performance of their duty by a generous desire to make the path of study smooth and easy to the student,—to afford to the surgeon in private practice a just reward for his assiduity in cultivating the minds of his pupils, and to maintain the public health on a secure basis,—every encouragement and inducement would have been held out to surgeons and apothecaries, to excite them to undertake, with promptitude and perseverance, the labour of giving the best instruction to all those students in medicine who might be placed under their roof, or within the limits of their control. If lecturers, by the mere *habit* of lecturing in a slovenly and formal manner, can acquire in the course of years a knowledge of the science of medicine which is not enjoined by persons similarly engaged, surely common sense would suggest the propriety of adding to the greatest possible extent to the number of teachers, and of widening the surface whereon they might exercise their beneficial labours. It is not our object to contend that A or B is qualified to instruct a student adequately in the whole vast field of medical science; but we contend that every private practitioner should enjoy the right of obtaining for his pupil an examination before those men who have been empowered by Parliament to protect the public against the evil practices of incompetent or unqualified practitioners. When our dastardly and contemptible opponents can show that such a privilege as this ought not to be placed under the control of surgeons and apothecaries engaged in general practice, it is possible that the revilers may cease to disturb their virtuous feelings, by discontinuing a practice with which they have long been so familiar, that of a wholesale traffic in falsehood.

It is, however, after all, not only amusing but delightful to witness the shifts to which the corruptionists, their abettors, are driven to sustain their tottering cause even for only a few months longer. All their endeavours, however, will prove unavailing. The fiat of public opinion has gone forth against the extortioners. The entire system of corruption has been exposed. Within a few months from this date it will disappear for ever, and,—

> "Like the baseless fabric of a vision,
> Leave not a wreck behind."

In the parish of St. Clement Danes, a smart contest is now existing for the office of parochial surgeon. There are two candidates for the situation, Mr. Cosgreave, who has held it for nine years, and Mr. Dunn, a surgeon who offered himself as a candidate on a former occasion. The claims of Mr. Cosgreave are founded upon past services; those of Mr. Dunn rest on the principle that the office of parochial surgeon is one of honour, and not one of emolument, and that it should not be permanently held by one individual, whatever his merits,—whatever may have been the value of his labours. From this doctrine, which is advocated so zealously by Mr. Dunn and his friends, we dissent entirely; nor can we conceive that one more injurious to the interests of the poor, or more derogatory from the character of the profession, can be advanced by a medical practitioner. We take the question, therefore, between the two candidates—regarding both of them as eligible in point of medical rank and skill—to stand simply thus,—that if there be no well-founded complaints, no instances of culpable neglect, no charge of want of ability in the treatment of the sick poor, to be sustained—*proved*—against Mr. Cosgreave, that gentleman, upon every principle of equity, of justice, and of good policy, ought to be reappointed to the vacant office. On the other hand, if accusations, such as we have stated, can be sustained, then should Mr. Dunn, decidedly, be entitled to a preference. Is it, we would ask, to be tolerated, that the sick poor of our parishes are to be made the mere stepping stones to eminence or wealth? Are they to be made objects of sport for the gratification of ambitious feelings? Really, on reflection, Mr. Dunn must himself perceive that he has advocated a doctrine which strikes at the very happiness and well-being of the poor, and that he himself, at the end of a year of excessive labour and devotedness to the cause of the afflicted applicants for parochial aid, may be made the victim of a principle which we are certain he has thoughtlessly advocated in the present contest. If Mr. Cosgreave is to be rejected in the absence of sustained complaint, why is any other officer to be permitted to continue in his post? If fidelity of service be no security for permanency of occupation, then, indeed, we have mistaken reform for change, improvement for alteration. It is said that the contest is a party one, and that Mr. Cosgreave is supported by the Tories. The medical treatment of the sick poor, *a party* question! The announcement is too frightful to dwell on. Humanity and faction have no sympathies in common. If the reformers of Saint Clement Danes are desirous of proving that their love of alteration is more ardent than their desire for emendation, they will support Mr. Dunn—in the absence of established complaints against the claims of Mr. Cosgreave. But if, on the other hand, they are anxious to sustain their character for humanity, and of showing the public that they are determined to promote the well-being of the suffering poor who are committed to their charge,—that they are above all considerations of angry party politics,—they will, at the poll, support that medical officer who, during nine years, has discharged his duties to the parish and to the afflicted paupers, with humanity, industry, and skill.

ACCOUNT OF THE

PARISIAN INSTITUTIONS FOR MEDICAL EDUCATION.

SESSION OF 1835-36, COMMENCING IN NOVEMBER 1835.

In the first number of the Volume of THE LANCET for the present year, we gave, according to our annual custom, an account of the different schools of medicine attached to and near the London hospitals. The approach of a new session in the school of Paris, now induces us to lay before our readers a review of the medical institutions which are devoted to the instruction of students in the French capital, for the benefit of those gentlemen who may intend to visit that capital for the purpose of completing their professional education as physicians or surgeons.

In London the number of medical schools is at once very great and extremely perplexing. With each hospital is incorporated a school, and near to it are numerous teachers possessing theatres or rooms for lecturing, extensive changes taking place amongst them every year. In Paris there is but *one* school of medicine, the "Faculté de Medecine de Paris." This body is composed of a dean, two assessors, and twenty-four professors, who are all chosen by concours. The locale of the faculty is a handsome quadrilateral building, which contains a museum, a library, cabinets of botany, surgical instruments, and every other requisite for instruction, and an immense amphitheatre, in which all the lectures of the faculty are delivered, and which is capable of containing from 1500 to 2000 persons.

The instruction of the medical youths in Paris is confined, in a great measure, to the twenty-four professors who compose the school, no private teacher being permitted to lecture, without express permission obtained from the minister on the recommendation of the dean of the faculty. Dissections are not permitted to be prosecuted in any part of Paris, except in the two establishments devoted to anatomical purposes, which are attached to the institution of the faculty. However, the authority to teach is granted readily to any respectable medical man; and students, as we shall have occasion to notice by and by, may receive abundant private assistance in their anatomical studies, at the two immense establishments of Clamart, and the *Ecole Pratique*.

The medical session in Paris commences on the first of November, and terminates on the first of September. It is not divided, as in London, into Winter and Summer Sessions, but the greater part of the professors continue to lecture during the whole season. The following is a list of the professors of medicine, and the subjects upon which they lecture &c.

FACULTY OF MEDICINE—SCHOOL OF MEDICINE.

Anatomy	M. Cruveilhier (physician to *Salpetriere*, and lately appointed professor of Pathological Anatomy)	Lectures delivered gratuitously to the audience.
Physiology	M. Berard	Ditto.
Medical Chemistry	M. Orfila	Ditto.
Medical Physics	M. Pelletan	Ditto.
Botany	M. Richard	Ditto.
Pharmacy	M. Deyeux	Ditto.
Hygiène	M. Desgenettes	Ditto.
Practice of Medicine	M. Andral (physician to the Hospital *La Pitie*) and M. Dumeril	Ditto.
Surgery	M. Marjolin (surgeon to the Hospital *Beaujon*) and M. Gerdy (surgeon to the Hospital *St. Louis*)	Ditto.
Operations and Bandages	M. Richerand (surgeon to *St. Louis*)	Ditto.

Medical Pathology and Therapeutics	M. Broussais (physician to *Val de Grace*)	Lectures delivered gratuitously to the audience.
Legal Medicine	M. Adelon	Ditto.
Midwifery	M. Moreau (accoucheur to the *Maternité*)	Ditto.
Clinical Medicine	MM. Fouquier and Bouillaud (*La Charité*) ; MM. Chomel (*Hotel Dieu*) and Rostan (*Hopital Clinique*)	Ditto.
Clinical Surgery	M. Cloquet (*Hopital Clinique*), M. Velpeau (*La Charité*), M. Roux (*Hotel Dieu*)	Ditto.
	[The fourth professorship is yet vacant, having become so by the death of Dupuytren. The last seven-named clinical lecturers do not "profess" at the Faculty, but at the several hospitals to which their names are attached.]	
Clinical Midwifery	M. Dubois (*Hopital Clinique*)	Ditto.

The lecturers on the different branches above enumerated, commence their labours at ten o'clock in the morning, and continue to follow each other without interruption until five o'clock in the afternoon. The amphitheatre is open to every student who chooses to become an auditor of the lectures It is understood, however, that each French student has taken out an "inscription," which he receives in the form of a card, at a cost of forty francs; and that foreigners have received a "card of admission," which is afforded *gratuitously* to them, on the presentation of a diploma in medicine or surgery, whether French or foreign. However, as the exhibition of the entrance ticket is never required, except for admission to the library, or sometimes for admission to the museum, the whole of the lectures at the School of Medicine may be regarded as essentially public and gratuitous.

There are two establishments for the prosecution of anatomical studies connected with the faculty of medicine. One is at the *Ecole Pratique*, in the Rue de l'Ecole de Medecine, within a hundred paces of the school. The establishment contains four large dissecting-rooms, very lofty, well aired, and well lighted. The building was originally intended for the exclusive use of the pupils of the *Ecole Pratique*; but any student who has an inscription, or any foreigner without one, may obtain access to it with ease. The other establishment is at Clamart, near the Jardin du Roi, situated about twenty minutes walk from the School of Medicine. This magnificent establishment is composed of four distinct buildings, or dissecting-rooms, each being separate from the other, very lofty, and possessing every accommodation that is necessary for the purposes of dissection. Each room contains (as well as we can remember) about twelve tables, and there is abundant accommodation for between two hundred and fifty and three hundred dissectors. Pupils are admitted, without distinction of country or claims, to the amphitheatres at Clamart. The name of each is taken down in a register by one of the demonstrators. Five pupils must join together for the exploration of each subject, and the only preference shown to any one is in favour of the internes or the externes, who have the first choice of bodies at the daily distribution, which takes place at twelve o'clock. The price of each subject is regulated by a decree of the Council, and amounts to about 4s. 2d. for every unopened body. For those which have already been examined in the hospital, the cost is about half-a-crown. By a recent regulation, the medical officers of the hospitals are forbidden to open more than one third of the patients who die in their wards. This rule, which is not very strictly observed, was obtained by M. Orfila, in order to ensure as far as possible a supply of unopened subjects for the schools. As all the *unclaimed* patients who die in the various Parisian hospitals (and the practice of claiming the bodies does not prevail to any great extent) are carried to Clamart and the Ecole Pratique, the supply of subjects at the amphitheatres of those places is most abundant, particularly so near the close of the session. Two prosectors, and several sub-prosectors, or aids, are attached to the amphitheatres, but we cannot say that the pupils obtain much of their assistance, as they are never to be seen in the rooms. Those who require aid generally pay a small sum for dissecting with an interne, who undertakes to supply the student with subjects, and afford him demonstrations. During the session the prosectors are chiefly occupied in giving courses of lectures on operative surgery, which last for four or six weeks. The pupils perform each operation at least twice, and pay only *one pound for each course*.

Having already given a detailed account of the Parisian hospitals, we shall now only notice such particulars as are more immediately connected with medical instruction. The Hospitals most frequented by the students are, the *Hotel Dieu*, *La Pitié*, *La*

Charité, *L'Hopital de l'Ecole* (the clinical hospitals), the *Hôpital des Enfans Malades*, the *Venereal Hospital*, and the *Hôpital St. Louis*.

THE HOTEL DIEU.

This hospital is situated at a distance of about ten minutes walk from that part of the city in which the students generally reside. It contains one thousand beds, distributed in nineteen large wards. The service of the hospital is performed by eleven physicians, three surgeons, nineteen internes (corresponding to our dressers), and 84 externes, and students in pharmacy, who act as apothecaries. The number of patients received during the year averages about seventeen or eighteen thousand. The following table exhibits the days and hours on which the medical officers visit the hospital, with such other particulars as it is necessary for us to mention.

Surgeons.	Lecture Days.	Hours.	Fees.
M. Roux	Clinical Lecture every	7 to 8 a.m.	None.
M. Sanson	day except Thursday	6 to 7 a.m.	None.
M. Breschet.....	—	8 to 8 a.m.	None.
Physicians.			
M. Chomel	Mon. Wed. and Fri.	7½ to 8½ a.m.	None.
M. Caillard	—	8 to 9 a.m.	Lectures occa-
M. Recamier	—	7 to 8 a.m.	sionally from
M. Petit	—	8 to 9 a.m.	the remainder
M. Magendie	—	7 to 8 a.m.	—
M. Husson	—	7 to 8 a.m.	—
MM. Piorry and Bally ..	Clinique Tu. & Thurs.	7½ to 8½ a.m.	—
M. Guineau de Mussy ..	—	7 to 8 a.m.	—
M. Honoré	—	7 to 8 a.m.	—

The above hours are those of attendance during summer. In winter the time is generally one hour later. The clinical lectures commence immediately on the visit of the surgeon or physician.

The only physician at the Hotel Dieu, whose practice is much followed by the pupils, is M. Chomel, and it is but justice to say that the reputation which he has obtained as a clinical teacher is richly deserved. The other medical wards are comparatively deserted. However, valuable information may be collected by the more advanced student, in the wards of M. Magendie and M. Recamier, which always contain many highly interesting cases. Clinical surgery, formerly professed with such *eclat* by Dupuytren, is now taught by M. Roux; but the latter, though a brilliant operator, will never, we fear, be calculated, as a lecturer, to sustain the reputation once possessed by the School of the *Hotel Dieu*, as the first surgical clinique in Europe. We should mention that a clinique of diseases of the eye is entrusted to M. Sanson, and that a highly useful course on the application of the stethoscope in diseases of the chest is given at three o'clock by an interne, M. Roger, in the wards of M. Recamier. During this course, which costs the moderate sum of one pound, the pupils have an opportunity of daily applying the stethoscope in a variety of thoracic diseases, under the direction of one who is fully competent to instruct them. Similar courses have been given at *La Pitié*, at *La Charité*, and at *St. Louis*. The operating day for the clinical patients is Saturday; for the other wards there is no fixed day.

HOPITAL DE LA PITIE.

Physicians.	Surgeons.	Hours of Visit and Clinique.
M. Andral.....	.....	8 a.m. every day.
—	M. Blandin..	7 a.m., clinical observations 3 times a week.
M. Parent Du Chatelet	.....	7 a.m.
M. Clement	.....	7½ a.m.
—	M. Lisfranc..	8 a.m., clinical lecture daily.
M. Louis	.....	7½ a.m., clinical observations daily.
M. Serres	.....	8 a.m.

The Hopital de la Pitié is situated to the south of the *Jardin des Plantes*, about twenty minutes walk from the *Ecole de Medecine*. It contains more than 600 beds, and receives annually about 8 or 9000 patients. We are not aware that any fixed days are appointed for operating at the hospital, but the student has always sufficient notice of the most important operations which are to take place.

It is unnecessary to make any comment on the names of MM. Andral, Lisfranc, or Louis. The latter is the most minute observer of disease in France, and is chiefly followed by the English and American students. M. Lisfranc has long been the most popular teacher of surgery in Paris, but his wards are always so crowded, that we would almost adviso the English student to follow any other surgeon. M. Andral passes through his service without ever making a remark: his wards are therefore more fit for those who have already completed what is called their education, than for students who require the hand of a master to guide them. The neighbourhood of the hospital of *La Pitié* is perhaps the best situation in Paris, in which a student can fix his temporary abode. Comfortable board and lodging may be obtained at any of the *pensions* in the rue Copeau, rue neuve St. Etienne, rue des Postes, &c., for from sixty to eighty franks a month (from 2*l.* 10*s.* to 3*l.* 5*s.*). The dissecting-rooms at Clamart are within a few minutes walk, while, close to the hospital, indeed on the opposite side of the street, is the *Jardin des Plantes*, with all its *agremens* and its boundless scientific treasures.

HOPITAL DE LA CHARITE.

Physicians.	Surgeons.	Hours of Visit and Clinique.
—	M. Guerbois.	
M. Fouquier.....	—	7 a.m., clinical lectures at the bed-side of the patient.
M. Maury.....	—	Ditto.
—	M. Velpeau..	7 a.m., clinical lectures daily.
M. Rullier.....	—	
M. Rayer	—	
M. Bouillaud.....	—	7 a.m., clinical lectures three times a week.

The number of patients contained in this hospital amounts to about 500; its annual population is from 5000 to 6000. The operating days still continue, we believe, as in the time of M. Roux, to be Tuesdays and Saturdays. Students who propose attending the cliniques of M. Velpeau or M. Bouillaud may dissect at the *Ecole Pratique*. The consultations of M. Rayer on diseases of the skin are also well worth attending.

This hospital is the next largest in Paris to the *Hotel Dieu*, but its situation, which is at the northern extremity of Paris, renders attendance on its practice very inconvenient for the student, except during the summer months. It contains more than 700 beds, receives annually from 5000 to 6000 in-patients, and affords relief to more than 23,000 out-patients. The clinical lectures of M. Alibert and Biet are followed by all those students who desire to become acquainted with the various forms of cutaneous disease; while the lectures and practice of M. Lugol afford numerous advantages for the study of scrofula. Students who follow the other hospitals, which are situated more near the school of medicine, and the anatomical amphitheatres, will perhaps find it most advantageous to follow merely the clinical lecture which M. Alibert gives once a week, on Wednesday mornings, at 10 o'clock.

HOPITAL ST. LOUIS.

Physicians.	Surgeons.	Hours of Visit.
M. Alibert.....	—	10 a.m. Monday, Wednesday, Friday, and a Clinique every Wednesday.
M. Biet.....	—	9 a.m. Clinical lectures 3 and 4 times a week.
—	M. Gerdy.....	8 a.m. Daily.
M. Emery.....	—	8 a.m. Daily.
—	M. Jobert	8 a.m. Daily.
M. Lugol	—	9 a.m. Clinical lectures on Scrofulous Diseases during the summer.
—	M. Richerand..	Attends very irregularly.

THE VENEREAL HOSPITAL.

Surgeons.—M. Cullerier, M. Ricord, and M. Manec; attendance at 7½ a. m.—Clinical lectures occasionally given.

This fine hospital, containing more than 600 beds, for patients of both sexes, is situate in the Rue des Capucins, not very far from the School of Medicine. It affords the best opportunities for the study of the venereal disease; and although the number of students admitted to the practice is limited, M. Ricord, whose politeness to foreigners is proverbial, grants the latter every indulgence in his power. Thursday, being a kind of idle day at the great operating hospitals, is the day which is generally chosen by strangers and students for "a visit to the Venereal." M. Ricord from time to time publicly examines the whole of the female patients under his care, with the speculum, when a "turn up" takes place which visitors would certainly see in no other country.

HOPITAL DE L'ECOLE.

This small hospital, which has just been finished, occupies one side of the *Place de l'Ecole de Medecine*, immediately opposite the Ecole itself. It contains about 150 beds, distributed amongst medical, surgical, and obstetrical patients.

Physician.—M. Rostan; Clinical Lecture three times a week at 7 a.m.

Surgeons.—M. Cloquet; Clinical Lecture three times a week at 7 a.m.—M. Dubois; ditto at 8 a.m.

This hospital is specially destined for the instruction of students who have entered on their "fourth year," but every student is requested to attend the practice without discrimination. The clinique of M. Rostan is, perhaps, one of the most instructive that the student can follow. Not content simply with remarks which are full of interest, delivered at the bed-side, M. Rostan frequently selects a pupil from amongst the crowd which follows him, requests him to examine the patient, and requires a diagnosis of the nature of the disease, and a plan of treatment, with the reasons for its adoption. Thus a regular consultation is held in the presence of the pupils, who become accustomed to form a judgment for themselves, and are not induced or compelled, as is too often the case in cliniques, to adopt implicitly the opinions which are given out by the teacher.

The clinique of accouchement, which is placed under the direction of M. Paul Dubois, is accessible only to French students who have entered upon their fourth year of study; foreign graduates in medicine are not admitted. We are not, however, to accuse the hospital functionaries of selfishness on this account. The number of beds appropriated to accouchements, in this small hospital, is not sufficient to satisfy the wants of French students themselves. Foreigners cannot, therefore, complain with any justice. It is right, however, to mention that all students (a circumstance which is not generally known) are permitted to attend the clinical lectures of M. Dubois, and to follow his visit through the wards, where he frequently makes some clinical observations, the only privilege reserved for the French student being that of delivering the women, and practising the toucher.

We may here remark, *en passant*, that midwifery is the only branch of medicine which is not well taught in Paris. Let no foreigner who desires to pay special attention to this branch of the science, think of remaining an instant in the French capital, but proceed at once to Heidelberg, or, still better, to Vienna. There are, indeed, numerous private teachers of midwifery at Paris, who give a course of lectures for five or six weeks, during which they deliver two or three women in presence of the class, and demonstrate the positions of the fœtus and the mechanism of labour upon what are called "mannequins," i. e. a stuffed pelvis, with an artificial fœtus. The pupil also has an opportunity of practising the toucher a certain number of times during the course, but as the same women are "touched" in nearly all the theatres, and frequently we believe by several different classes in the same evening, the state of parts is such that very little can be learned from them.

HOPITAL DES ENFANS MALADES.

Physicians.—M. Jadelot; at 10 or 11 a.m.; very irregular. M. Guersent; at 9 to 10 a.m. M. Baudelocque; at 8 to 9 a.m. M. Bouneau; ditto a.m.

Surgeon.—M. Baffos; at 6 to 7 a m.

This hospital contains 560 beds, about 500 of which are appropriated to medical diseases. The service of the hospital is divided into four parts; viz: the acute diseases of boys; the acute diseases of girls; the scrofulous patients, and the skin diseases, principally comprising the itch. Each physician takes a division for six months, at the expiration of which he exchanges it for another. The great distance of this hospital from the school of medicine is, perhaps, the reason why it is comparatively deserted by the students. It is a rarity to see the physicians of the acute wards attended by more than four or five pupils; however, it affords a good opportunity for studying the diseases of children,

and is, moreover, the best place for becoming acquainted with the stethoscopic phenomena accompanying disease of the lungs, which is here very frequent. There are no clinical lectures delivered at this hospital, a circumstance which may perhaps account for its neglect by the pupils.

There are several hospitals besides those we have enumerated, but as they are never frequented by the student, the usefulness of our present object will not in any way be promoted by declaring them in this place, more especially as an account of them, as we have before observed, has already appeared in our pages, and may be found in THE LANCET, for Jan. 17, 1835, at page 569. We do not mean to say that they are *never* visited by students. For instance, at the *Hospital Necker*, which contains 124 beds, and occupies a situation immediately close to that of the *Enfans Malades*, M. Civiale delivers clinical lectures on lithotrity, and operates at 9 o'clock on Saturday mornings. These lectures and operations some persons who wish to see the process attend; but here all connexion between strangers and the institution ceases.

OPINIONS ON INFLAMMATION IN THE

MEDICO-CHIRURGICAL REVIEW.

To the Editor of THE LANCET.

SIR,—Your correspondent O. B., in the last number of your journal, has undoubtedly discovered a discrepancy of opinion in certain numbers of the *Medico-Chirurgical Review*, respecting the state of the vessels and the circulation in inflammation. I believe there is no review, whether medical or miscellaneous, in which many discrepancies of opinion might not be detected, obviously resulting from the multiplicity of writers, and the difficulty of reconciling conflicting opinions. The Review of "JAMES ON INFLAMMATION" was written while I was making a tour in the Highlands, in August 1832, and as I did not see the proof sheets, the heterodox sentiments (for such I believe them) of the reviewer, respecting the condition of the circulation in inflammation, escaped uncorrected. Ever since I was capable of thinking on the subject, I have believed that the vessels of an inflamed part are dilated—and if dilated, I think they must necessarily be weakened. Why should the vessels of one particular spot enlarge and give way to the force of the circulation, if they were not weaker than the vessels of the neighbouring parts? I can conceive no other cause than weakness—unless under the operation of a cupping-glass, and then there would *not* be inflammation. The redness of an inflamed part makes nothing for or against the argument; and the pain is caused by the swelling and tension of the parts, by which the nervous system of the locality is kept in a state of irritation. I am also of opinion that the circulation is *slower* in an inflamed part, that is, through dilated tubes, than through sound vessels, *until increased action of the heart is set up*; or, in other words, symptomatic fever, when, of course, the circulation is accelerated *in all the vessels of the body*,—but not *then* more accelerated in the inflamed than in the sound vessels. The treatment of inflammation supports the doctrine here maintained, more than it does the sthenic hypothesis. If the vessels are too strong in inflammation, why apply cold to make them stronger? Local and general depletion reduces the force of the circulation, and allows the dilated vessels to contract. What are the causes of inflammation? Are they not invariably such as injure, and consequently weaken, the tone of the parts? Are the vessels strengthened by being frost-bitten,—or burnt,—or bruised,—or incised by a sharp instrument,—or, in short, by the application of any of those agents which usually induce local inflammation? I believe not. But the grand phenomenon in inflammation is *irritation*. The morbid condition of the nerves is of far more consequence than the disturbed state of the circulation. This irritation is sometimes lessened by cold and sometimes by heat—often by depletion, but sometimes by stimulation. *Irritation*, in short, is the first phenomenon in inflammation—nay, it appears to be the *cause* of that disease. PREVENT irritation, and you will never have inflammation—*remove* irritation, and you will remove inflammation. If this be true, our attention should be directed more to the essentials of the diseased state than to any supposed conditions of the vessels, or the circulation through them.

I hope your correspondent will be satisfied with the explanation of the *inconsistency*, whatever he may think of the remarks appended to it. By the way, now, when inconsistency is the order of the day, I wonder your correspondent did not look to higher quarters* than the *Medico-Chirurgical Review*. I am, Sir, your most obedient servant, JAMES JOHNSON.

Suffolk Place, Oct. 14th, 1835.

* We could have found space for the addition of a second name or title in this line. We may take this opportunity of observing that our correspondent "O. B." (who is a most respectable physician residing in the country) had no *desire* to write anonymously, and we are sure that his name is at the service of Dr. Johnson. His communication, however, contained nothing that was personal, or, being placed at our disposal, a name and address would have been added to the letter.—ED. L.

SIR H. HALFORD'S PUFF OF MR. BATTLEY.

To the Editor of THE LANCET.

SIR,—The circular letter of recommendation written by Sir Henry Halford, in favour of Mr. Battley the Chemist, *apparently* addressed only "to the Professors of the several Schools of Medicine in the Country," has within my knowledge received a wide circulation among the provincial surgeons, as well as those resident in and near London, evidently with a view to impress on the profession, that drugs and chemicals can only be procured genuine and pure from the laboratory in Fore-street, which I submit is a gross libel on the Society of Apothecaries, and on all the druggists and practical chemists throughout the kingdom, who have hitherto, with credit and advantage to themselves, supplied the private surgeons, public institutions, and retail shops, in London and the provinces, to a *legitimate* share of which trade no one would deny Mr. Battley. However, I deem it too great an assumption, even for "The President of the Royal College of Physicians" to insinuate, that Mr. Battley is *more eminent* and honest in chemical science than his numerous contemporaries; and I also feel assured that Mr. Battley would have better consulted his own respectability as a tradesman, if he had contented himself with the mere possession of such a *mark of distinction*, for I much doubt whether the learned Baronet possesses sufficient experience in the various chemical preparations, to warrant his implied attack upon the skill and honesty of Mr. Battley's competitors. The transaction has a very JOB-ish appearance. I am, Sir, your humble servant,

PAUL FAIRPLAY.

"THE NEW LONDON DISPENSATORY,

Containing Translations of the Pharmacopœia Londinensis and Magendie's Formulaire, with an Appendix, by THOMAS COX, *M.D., and* CHARLES WILSON GREGORY, *M.D.* 1 vol. 8vo."

To the Editor of THE LANCET.

SIR,—I had made arrangements for publishing a *correct* translation of the Pharmacopœia Londinensis, together with the Formulaire of Magendie, but a similar work having appeared (published by Mr. Cox, Borough), I have relinquished my intention of publishing.

In the preface, explanatory of the intention of this work, it is stated that "if an apology be necessary for placing Magendie's Formulary in connexion with the London Pharmacopœia, we would merely refer to the omission, in the last-mentioned work, of those remedies which the celebrated French physician has so successfully employed and recommended, the majority of which have abided the test of experience."

With regard to the Pharmacopœia, the pharmaceutic chemist will find much valuable information. In the Formulaire we have an article on indigenous morphine, and its mode of preparation, which appears to me of great importance. The analyses of several varieties of ipecacuanha by Pelletier, develop information of the highest importance to medical practitioners. Several new preparations are added to this work, which I have not met with in other translations, and the addition of kreosote and hydriodate of iron render the work deserving of the highest commendation. I remain, most respectfully, Sir, your most obedient servant,

G. WHIPPLE.

7, Upper Gloucester-st., Clerkenwell,
October 8, 1835.

NORTH LONDON HOSPITAL.

LITHOTOMY.

WILLIAM WALKER, aged 80 years, of Mulbury, in Hertfordshire, was admitted October 7th, under the care of Mr. LISTON. He states that he has suffered from the usual symptoms of stone in the bladder for the last fifteen years, but had never been examined by sounding until about three weeks ago. His general health is good, but he experiences very great pain in the region of the bladder, and cannot retain his urine, which is constantly dribbling away from him as fast as it is secreted by the kidneys. On the 8th of October a sound was passed, and the presence of a stone detected. Ordered a draught of the solution of muriate of morphia.

10. Mr. LISTON remarked to-day that he had to deal with a very unfavourable case on this occasion, the patient being so far advanced in life, and the stone or stones being of considerable size, but that he was induced to operate from the fact that almost all the very old men on whom he had operated had made good recoveries. He instanced some patients who had been cut by him at the age of 80, and who had lived for several years afterwards in great comfort. On the same day on which these remarks were made Mr. LISTON performed lithotomy on the patient.

Having been secured in the usual manner, the curved staff was introduced, and the presence of a stone seemingly of considerable size was detected. The bladder was reached by the third incision. On introducing his finger, the operator had at first

some difficulty in feeling the stone, but having quickly afterwards succeeded in his search, he introduced a small forceps and grasped a calculus, which was so friable that it broke in the blades of the instrument; a portion was removed immediately, the remaining parts in the course of a few seconds. On introducing the searcher, another stone, of larger dimensions, was detected, and attempted to be grasped by the forceps several times, but without success, as it kept slipping from the hold of the instrument. Both the small and large forceps were several times employed, and a firm grasp having been obtained with the latter, the stone was about to be removed, when the incision was found to be too small to allow its passage outwards to be effected. The operator now introduced the knife and divided the right side of the prostate, when the stone was immediately removed; not more than two tablespoonfuls of blood were lost in the operation. The stones were of the lithic-acid species, with an outer coating of the triple phosphate. The first stone was about one inch and a half long and half an inch broad; the other was about two inches long and one broad. The operation lasted rather more than eleven minutes.

Mr. LISTON afterwards remarked that the second stone was so situated that he found it impossible at once to grasp it. The fact of the patient's not having been able to retain any urine accounted for the difficulty in seizing and disentangling the last stone from the fundus of the bladder. No parts had been cut beyond what was absolutely necessary, and the patient had lost less than three ounces of blood.

12. Going on very comfortably; catheter removed to-day; urine getting clear.

15. Some medicine had been given to open the bowels, which operated most unexpectedly in a copious manner, and left the patient in a very weak state. Stimulants were at once exhibited, but notwithstanding their employment he gradually sank, and died at an early hour this morning. We can only remark that eighty years is not an uncommon age to close the life of a patient whether near or soon after an operation, which in this instance was admirably performed.

GASTRODYNIA TREATED WITH CREOSOTE.

Dr. ELLIOTSON, in his last lecture, referred to the case of Catherine O'Keefe, aged 47, who was admitted into the hospital under his care on the 25th of August last. She stated on her admission that she was married, and the mother of four children. She has not menstruated since Christmas. She began about nine years ago to experience severe spasmodic pains in the stomach, occurring in paroxysms of two or three hours duration, and at intervals of one or two days. These attacks occurred invariably a few hours after dinner. Blistering, bleeding, and the administration of mercury to salivation on several occasions, had produced no relief from her sufferings, though on two occasions she has been perfectly free from pain for six months, but this did not appear to be the result of medical treatment. About nine months since she began to experience pain, and a sensation of weight between the shoulders. She was also troubled with sour eructations, and a burning pain along the œsophagus. On her admission she was quite free from pain when the stomach was empty, but her sufferings commenced as soon as she had taken food. When the pain attacked her, she could only lie on her back, in which position, indeed, she always was most comfortable. The abdomen was very tender to the touch. The pain was always relieved by hot ingesta; her pulse was 60 and small; her tongue covered with white fur; the bowels regular, the urine clear; appetite variable; headache.

Dr. ELLIOTSON thought the case a favourable one for the administration of creosote; he therefore ordered her to have two minims of that medicine every six hours, and placed her on middle diet.

27. She complains of pain in the left shoulder shooting down the inside of the arm to the elbow; there is also slight pain when pressure is applied, upwards from under the diaphragm. The pain in the stomach is undiminished.

29. The creosote was increased to-day to four minims: the pain in the shoulder and arm is relieved; that in the stomach remains the same; bowels regular; pulse 80.

Sept. 8. Since the last report the pain has occasionally been very severe; a day or two ago she was attacked in the following manner; her skin became very hot, succeeded by a profuse perspiration, which was followed by cold shiverings, which, after a short time, gave way to the natural temperature. To-day the pain in the stomach is more severe; she has scarcely any rest at night; her appetite is gone. Pulse 78. Dr. ELLIOTSON considered that the medicine had not had a fair trial. It had been gradually increased to eight minim doses, and he now ordered ten minims to be taken every four hours.

17. The pain is less. She has noticed a considerable increase in the quantity of her urine since taking the medicine. She now takes fourteen minims every four hours, and oftener if the pain returns. She did not experience much benefit from the doses taken during the pain.

25. Has been improving since last report. She is now almost entirely free from pain, and the epigastrium is scarcely tender on pressure. Her tongue is clean, her appetite good, the pulse 70, and full.

Oct. 6. Her dose of creosote has been gradually increased to eighteen minims, with decidedly good effect. Indeed she is so much better as to be placed on the books as "cured," but there is occasionally a very slight pain in the stomach.

Dr ELLIOTSON remarked that this was a case which was not likely to be relieved by blistering, bleeding, or mercury. Aromatics, he observed, were generally employed with benefit, and pressure usually produced relief during the paroxysm. There was no doubt that the pain was exceedingly severe in these cases. He had never heard of a case in which an attack was fatal, but he thought such a result possible. As to the remedy administered, of course it would not be necessary to carry it to the extent in all cases to which it had been employed in the present instance.

CLINICAL LECTURES.

In commencing the clinical lectures for the session, Mr. LISTON remarked that a prefatory address was unnecessary, the lectures not having been discontinued during the summer, and he was now continuing, not commencing, a course. Twenty years ago, when he also was a pupil in London, not a single clinical lecture on medicine or surgery was delivered in the metropolis; whilst in continental schools, and in the once celebrated school of Edinburgh, the greatest attention was bestowed on that admirable method of medical instruction. Of late, however, a wonderful change had been wrought here. Pupils had been taught to appreciate clinical instruction, and the medical officers of the hospitals (many of them probably reluctantly enough) had yielded to the demand, so that at every London Hospital, large and small, clinical lectures were at least *promised*, both by physicians and surgeons. At this hospital, not the smallest, the students might rely on the promise being redeemed. He (Mr. L.) had for a series of years been engaged in delivering clinical lectures before he was requested to fill the situation of surgeon here. He had long been partial to this kind of teaching, and as it happened that he was not otherwise engaged at this school, they might be assured that he would give, at the least, his own share of the clinical lectures.

The clinical lectures are given at this hospital three times a week, two medical, and one surgical, with great punctuality.

LOCK HOSPITAL.

CASES OF GONORRHŒAL DISCHARGE, ACCOMPANIED WITH CONDYLOMA AND CONDYLOMATOUS ULCERATION.

CASE 1.—Amelia Doubleday, ætat. 22, was admitted March 13th, under the care of Mr. WALKER. She has been married five years, and has two children. She has had her present complaints for three months, which began with scalding, and were followed in the course of a week by discharge and sores, which have lasted for three weeks. About six weeks since she took some medicine, supposed to be balsam of copaiba, three times a day for three weeks, which did her no good.

She has now a profuse thin yellow discharge from the vagina, there is a superficial gray sloughy surface of ulceration covering the entire perineum, the opposed surfaces of the nates, the integuments, labia, &c., particularly at the superior commissure and in the commissure between the nymphæ and labia. The nymphæ are much enlarged, the inner surface of the left is excoriated. Her health has been very good, and she has been pregnant three months She was ordered to take a *Senna Draught*, and to have the sloughy ulcerated parts washed with *Black Lotion*.

15. *Washed Sulphur* ℥j; *Carbonate of Magnesia* ℈j; to be taken twice a day.

19. There is much less discharge, and the greater surface of the ulceration has healed.

21. She complains of headache to-day; skin hot, and bowels confined. *Senna Draught*.

22. *Black Lotion* and *Linseed Poultice* to the ulcerated parts.

23. Vespere. The abdomen has been very much enlarged to-day; there is great abdominal tenderness on pressure, which appears to be dependent upon hysteria. The tongue and pulse are natural. To take *the Chalk and Catechu Mixture* and a *Rhubarb and Magnesia Draught, with ten drops of Tincture of Opium, early to-morrow morning.* Omit the *Washed Sulphur*.

24. The draught has given her great relief, the bowels not having been painfully acted upon; there is much tenderness of the abdomen, but no pain. The tongue is furred, there is headache and thirst, and the pulse is natural.

She now took *Calomel* and *Opium*, which she continued with much benefit for some time. She then took *Plummer's Pill and Sarsaparilla*, until

May 8, when "the report in the case book" states her to be much improved, and that the *Plummer's Pill* was discontinued on account of headache. Some hemorrhoidal tumours which have troubled her have

completely disappeared under the *Confection of Black Pepper*.

21. The gums are tumid and vascular and very tender; there is also a white sloughy spot of ulceration on the anterior part of each tonsil. This was ordered to be touched by the *Nitrate of Silver*.

29. The throat is quite well. The ulceration over the labia, perineum, &c., is quite healed.

From this period up to the time of her leaving the hospital "cured," no event occurred to retard her perfect recovery. She was delivered of a male child the day after our last date. The child had a slight erysipelatous blush over the right side of the neck and ear, which was removed by slight purgation with castor oil, and on the 24th June she went out quite well.

Case 2.—Sarah Blake, ætat. 19, admitted, March 27, under Mr. Walker. Her present symptoms came on about nine weeks since, with gonorrhœal discharge, scalding, &c. She has had condylomata for a period of five weeks. She has had only one connexion, nine weeks since. There is at present a profuse, thick, dark, yellow discharge from the vagina, with excoriation of the orifice. The condylomata are situated on the outside of each labium, between it and the thigh; there are some also on the perineum and nodes; some are in an incipient, and others in a full state of ulceration. The right tonsil of the throat is enlarged, and covered by a slight superficial ulceration. Her general health is good, the bowels are confined. The catamenia are regular, and commenced at fourteen years. A *Senna Draught* to be taken immediately, and a *Diluted Solution of the Acetate of Lead* to be applied to the parts ulcerated.

April 3. The vaginal discharge is less in quantity, but there is much excoriation of parts, with some ulceration on the right side of the orifice of the vagina. The right tonsil is less swollen; the ulceration covering it is healed; the bowels are quite regular. *Powdered Cubebs* ʒij four times daily.

12. The discharge has rather increased in quantity; the ulcerated surface has healed, but there is still some excoriation around the meatus urinarius. The right tonsil is looking better, and has a more healthy appearance; there is some vascularity about the fauces. The medicines were ordered to be continued.

17. Catamenia are present; the medicines are ordered to be intermitted; in other respects progressing favourably.

24. The vaginal discharge has been more profuse since the *cubebs* has been omitted, and she complains to-day of some headache. There is intertrigo in the commissure behind each labium, with considerable vascularity and excoriations of the vagina. The *Powdered Cubebs to be resumed in doses three times daily.* The vagina to be injected with *a Diluted Solution of the Acetate of Lead* in the proportion of gr. iv to ʒj.

31. The discharge has very much improved; there is still some vascularity, but less excoriation of the vagina. The *Powdered Cubebs* was ordered to be omitted, and an *Infusion of Cubebs* used instead, of ʒj to 0ij of boiling water, *as an injection.*

May 8. The discharge has become much worse since the internal use of the cubebs has been discontinued. The bowels are confined; the tonsils have nearly regained their natural size.

10. The symptoms remaining much the same, she was ordered the following vaginal injection:—*Muriate of Ammonia* ʒiij; *Water* 0j: to be used frequently.

15. The injection has been of great service, the discharge has nearly ceased, and what remains is of a pale-yellow colour.

21. The discharge has remained stationary for a few days. She complains of headache and loss of appetite. The injection to be increased in the proportion of ʒss to 0j. *Calomel* and *Antimonial Powder*, of each two grains, to be taken to-night at bedtime.

29. On examining the vestibulum there is some slight vascularity, but all trace of discharge is gone. She was discharged cured.

Case 3.—Bathia Mitchell, ætat. 24, admitted on the same day with the above patient. Her complaints commenced with discharge and scalding, which she has had for four months. She has had condylomatous ulceration for three months. Her throat has never been affected; there is at present an extensive condylomatous ulceration occupying the labia, which are thick, hard, and swollen, this extends also to the inside of the thighs, the perineum and nates, going behind the anus; there is a profuse thick yellow discharge from the vagina; the right tonsil is enlarged and slightly ulcerated; the health is quite good; the bowels are confined; the catamenial discharge, which commenced at sixteen, is regular; the same preliminary treatment of a purging *Senna Draught* and the *Black Lotion* to the ulcerated parts was adopted, and on the

29th, she began using the *Oxymuriate of Mercury Lotion* in the proportion of gr. ss to ʒj, and took *Washed Sulphur* ʒj twice daily.

April 1. She was ordered to take the *White Mixture* ʒiss * every night at bedtime, and to go on with her other internal and external medicines.

3. The condylomata are much better, many of the ulcerations have healed; the ulcers occurred in the centre of a condylo-

* The White Mixture consists of carbonate of magnesia, sulphate of magnesia, and peppermint-water.

matous swelling, and were different from the common condylomatous ulceration, as being attended with a loss of substance, and presenting a depressed surface. The vaginal discharge is white in colour and small in quantity. The ulceration on the tonsil is healed; on the upper part there is seen a white elevation, having the appearance, but not the entire character, of a pustule; the bowels are regular. She is to continue the use of all her medicines.

8. The tonsillar ulceration has healed, the white pustular appearance upon it resembles a warty excrescence.

12. The condylomata are becoming flat, thickened, and have a bluish appearance; the vaginal discharge is diminishing; the white body on the tonsil is irregular upon its surface, and hard to the touch.

19. The condylomata are nearly all gone, leaving behind some few spots of discoloration. To continue her medicines.

21. The wart on the tonsil presents the same appearance; it is situated on the upper and inner part of the right tonsil, which is much enlarged, but not increased in vascularity; the left tonsil is also slightly increased in size.

24. She is convalescent, and is to leave the hospital.

She was re-admitted again with many of her old symptoms on Oct. 8th. She had been on the town for the last three months. She has now an abundant thick yellow vaginal discharge, which has lasted three weeks, and some condylomatous ulcerations for two weeks; the orifice of the vagina is vascular, and there is slight swelling and tumefaction of the left labium; there are numerous small circular condylomata, aggregated, but not confluent, over the region of the perineum, and on the inside of both nates; there is superficial ulceration, approaching to excoriation, of the skin around. The throat is preternaturally vascular, but she does not complain of any difficulty in deglutition. The right tonsil is enlarged, and bears the same warty growth (but smaller in size) alluded to when she was formerly in the hospital. Her general health is good, the catamenia are regular, and she has never been pregnant. She was purged with *Calomel* and *Rhubarb*, and *Senna Draught*, and the *Decoction of Tormentilla Bark* was ordered to be used as an internal injection and an external application. There was, however, no *Tormentilla Bark* in the hospital, and the *Saturnine Lotion* was ordered instead. She proceeded with this for some time, and on going round the wards one morning we learnt from the nurse that she had taken to her legs and was off.

Case 4.—Jane Glover, ætat. 18, admitted with the two preceding cases under the care of the same surgeon, Mr. Walker. She has been on the town four months; her present complaints began with a discharge two weeks since; scalding of the urine, with swollen labium and sore, followed in a week afterwards. There is now a profuse gonorrhœal discharge from the vagina, with much scalding in micturition. There is a patch of sloughy condylomatous ulceration in the commissure between the right labium and thigh, with much swelling and redness of the immediately contiguous parts, extending to the perineum and nates. Her general health is good, but the bowels are much confined; both tonsils are enlarged, more particularly the right one, around which there is some inflammation and ulceration; the catamenial discharge has been absent three months. *Black Wash* was ordered to be applied to the ulcers, and the *Acetate of Lead Lotion* to be used as an injection.

April 3. The vaginal discharge is less, and is white in appearance; the scalding in micturition is gone; the condylomatous ulcerations are nearly healed; the inflammation of the labium has subsided, leaving behind much thickening and induration of parts; the bowels have been regulated by the hospital *Senna Draught*; on the surface of each tonsil there is a superficial spot of yellow ulceration; there is an ulcer of an oblong form on the inside of the left labium, it is red and granular, and the edges are slightly elevated. This has formed since her admission into the hospital. Mr. Walker ordered the *Black Wash* to be applied to it.

12. There is to-day less thickening and induration of the labium. The condylomata have been healed some days, but have left behind them a blue thickened appearance of the skin. Both tonsils are enlarged and swollen, and covered with superficial white ulcerated surfaces; the ulcer on the labium is less inflamed, but still florid.

19. The tonsillar and labial ulcerations present much the same appearance as at the last report. The *Red Lotion* was ordered to be applied to them.

24. The inner labial ulcer is much in the same state; the tonsils (particularly the right one) are larger; the general ulcerative surface is healing; some small open patces are still left.

30. The ulcers are looking better, the margins are tumefied. The *Nitrate of Silver* was ordered to be applied to them.

May 8. The inner labial ulcer is nearly healed; there is much vascularity of the vestibulum; the thickening surface left by the condylomata is nearly gone. The right tonsil is much enlarged, and bears some slight ulcerative marks upon it. The yellow vaginal discharge continues. The *Solution of the Acetate of Lead* gr. vi to ℥j, to be used as a vaginal injection. She continued to lose many of her bad symptoms, and the report on the

29th was, that the white ulcerative ap-

pearance on each tonsil was gone, but that there was much pain on deglutition. The labial ulcer is improving under the occasional use of the *Nitrate of Silver*. The catamenial discharge has not appeared for five months. To continue the use of her medicines.

June 4. The tonsils have now lost all trace of ulceration, and present their normal appearance. The vaginal ulceration has healed, and the surface (with the exception of an increased vascularity) presents a healthy appearance. Her medicines were ordered to be discontinued, and on the following day she was discharged cured.

Mr. Wardrop's work on "Blood-letting" will be published on Monday next.

ERRATA. - In Mr. Skey's lecture, page 65, col. 2, line 48, for *pathology*, read *physiology*.—Page 67, line 42, for *talk of many diseases* read *talk of curing diseases*. Col. 2, line 30, for *how*, read *not*.—Page 68, line 30, read *endeavours*. Page 72, col. 2, line 26, erase the *not*.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.

Lat. 51° 37′ 44″ North, Long. 34° 45″ West.)

Days.	Thermometer.		Barometer.		Rain.	Wind.	
	Highest.	Lowest.	Highest.	Lowest.	Ins. Dcls.		
Oct. 5	58 25	35.50	29.55	29.36	—	W.	Fine throu
6	61.25	38.50	.63	.61	—	S.	Fine throu
7	57.75	44.75	.82	.72	—	N.E.	Dull mornin
8	58.	41.25	.69	.46	0.05	E.	Some rain, b
9	50.	41.50	.23	28.80	0.2875	S.W.	Rain morning
10	42.	36.25	28.95	.63	0.2625	W.	Frequent rain d
11	47.50	33.	29.45	29.08	—	N.W.	Fine throughout t

Oct. 14, 1835. W. JACKSON.

Thermometer .. Highest .. 76,50 .. the 3rd and 4th.
Lowest .. 36,25 .. 17th.
Mean .... 53,02708.
Barometer .... Highest .. 29,95 .. the 2nd.
Lowest .. 28,87 .. 30th.
Mean .... 29,56233.
Number of days of rain, 19. Quantity in inches and decimals, 4.43125.

Winds.—1 East; 5 West; 0 North; 12 South; 1 North-east; 7 South-east; 2 South-west; 2 North-west.

So much rain has not fallen in September since 1829, and the mean of the barometer was lower than at any time since 1831, while the maximum was below that of any period in the same month during the last twelve years. The month was colder than that of September 1834, and the mean temperature was below the average of the last twelve years. Thunder was heard on the 9th, 23rd, and 26th. On the two former days lightning was seen. On the evening of the 9th, the most brilliant Aurora Borealis which has appeared here since the 7th of January 1831 was observed;—the whole N.W. quarter of the heavens was illuminated by a pale yellow light, from which rays of nearly the same colour shot forth, extending beyond the zenith. These appearances continued for the space of nearly two hours. On the 13th, the Aurora was again visible, when the rays were of a red tint, and reached nearly to the zenith, but were not so bright, and did not continue so long as on the 9th. The Wind on both occasions was from the westward, and blew freshly. These phenomena were succeeded by rain.

THE LANCET.

VOL. I.] LONDON, SATURDAY, OCTOBER 24, 1835. [1835-36.

PATHOLOGICAL ANATOMY.

PATHOLOGICAL Anatomy is treated in this ...try with a degree of neglect which can ...ined only on the supposition that ...nce of its study is generally un... ...e have, indeed, a few distin... ...n amongst us who labour to ...utional reputation on a level ... other European nations, but ...s of medical men, through the ...ecepts of their teachers, or an ...fear of inability to acquire a suf... ...owledge of morbid anatomy, or ... the culpable reflection that if they ...mply tread in the steps of their fathers they will do well enough,—this class of the profession continue to practise medicine purely in an empirical manner, and would never contribute to the advancement of the science were each to realise the Spanish compliment, and live a thousand years. With such examples, however, before them as are to be found in the "high places" of medicine, what have we to expect? Yet that it is time such a state of things should cease, and that farther and more extended efforts should be made to place medicine on a footing with the other sciences, who is "conservative" enough to deny? "Exact" we may never call the science, but we are satisfied that a searching examination into the nature and operation of those causes which have for so many ages retarded the progress of the healing art would enable us to show that the comparative slowness with which it has advanced, and the imperfections which are everywhere confessed to exist, depend not so much on the impossibility or the difficulty of raising medicine to an equality with the precise sciences, as on the manner in which it has hitherto been studied, and the obstacles which have been thrown in its path by those very persons who are most interested in the perfectibility of medicine. The mathematic and algebraic arts are based on fixed principles, and their elements, if we may so call their symbols, are passive and obedient agents in the hand of the professor who works them. But what would be the consequence if $x^2+2xy+y^2$ could say to the unfortunate algebraist, "Nothing know "you of your business. My root no longer "shall you work. I will depart to S. or to "L.?" Or what answer could we expect from a mathematician were we to require him to determine distances with but two angles, and without a side of the triangle? It is thus with medicine. The great mass of the community, so long as they remain in ignorance, will resemble the refractory symbols of the square root, and counteract every effort at a solution of the grand problem of medicine; while those who neglect pathological anatomy, commit an error analogous to trigonometrists who would say "Give me two angles and I will find you the side."

The practice of medicine consists of four parts:—1. The observation of external phenomena, or symptomatology. 2. The observation of internal phenomena, or pathological anatomy. 3. The study of the connexion between the signs and their causes,

pearance on each tonsil was gone, but that there was much pain on deglutition. The labial ulcer is improving under the occasional use of the *Nitrate of Silver*. The catamenial discharge has not appeared for five months. To continue the use of her medicines.

June 4. The tonsils have now lost all trace of ulceration, and present their normal appearance. The vaginal ulceration has healed, and the surface (with the exception of an increased vascularity) presents a healthy appearance. Her medicines were ordered to be discontinued, and on the following day she was discharged cured.

Mr. Wardrop's work on "Blood-letting" will be published on Monday next.

ERRATA.—In Mr. Skey's lecture, page 65, col. 2, line 48, *for pathology, read physiology.*—Page 67, line 42, *for talk of many diseases read talk of curing diseases.* Col. 2, line 30, *for how, read not.*—Page 68, line 30, *read endeavours.* Page 72, col. 2, line 26, *erase the not.*

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.

Lat. 51° 37′ 44″ North, Long. 34° 45″ West.)

Days.	Thermometer.		Barometer.		Rain.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Ins. Dcls.		
Oct. 5	58 25	35.50	29.55	29.36	—	W.	Fine throughout the day.
6	61.25	38.50	.63	.61	—	S.	Fine throughout the day.
7	57.75	44.75	.82	.72	—	N.E.	Dull morning; afterwards fine.
8	58.	41.25	.69	.46	0.05	E.	Some rain, but generally fine.
9	50.	41.50	.23	28.80	0.2875	S.W.	Rain morning and night.
10	42.	36.25	28.95	.63	0.2625	W.	Frequent rain during the day.
11	47.50	33.	29.45	29.08	—	N.W.	Fine throughout the day.

Oct. 14, 1835. W. JACKSON.

Thermometer .. Highest .. 76,50 .. the 3rd and 4th.
Lowest .. 36,25 .. 17th.
Mean .... 53,02708.
Barometer .... Highest .. 29,95 .. the 2nd.
Lowest .. 28,87 .. 30th.
Mean .... 29,56233.
Number of days of rain, 19. Quantity in inches and decimals, 4.43125.

Winds.—1 East; 5 West; 0 North; 12 South; 1 North-east; 7 South-east; 2 South-west; 2 North-west.

So much rain has not fallen in September since 1829, and the mean of the barometer was lower than at any time since 1831, while the maximum was below that of any period in the same month during the last twelve years. The month was colder than that of September 1834, and the mean temperature was below the average of the last twelve years. Thunder was heard on the 9th, 23rd, and 26th. On the two former days lightning was seen. On the evening of the 9th, the most brilliant Aurora Borealis which has appeared here since the 7th of January 1831 was observed;—the whole N.W. quarter of the heavens was illuminated by a pale yellow light, from which rays of nearly the same colour shot forth, extending beyond the zenith. These appearances continued for the space of nearly two hours. On the 13th, the Aurora was again visible, when the rays were of a red tint, and reached nearly to the zenith, but were not so bright, and did not continue so long as on the 9th. The Wind on both occasions was from the westward, and blew freshly. These phenomena were succeeded by rain.